

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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No. 1.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

IODIDE OF POTASH.

Few remedies equal this medicine in variety of usefulness. It is in tertiary syphilis, in whatever location, a constructive; in polysarca, a reliable destructive—an "anti-fat;" in chronic splenic enlargement, nearly a certain cure; in chronic and subacute congestion of the uterus, ovaries, and male genital organs, of unequalled power; in asthma, only second to the bromides, and in some cases even more efficacious; valuable in aneurism; a diaphoretic and diuretic; and Dr. John Guiteras, in the Philadelphia Medical Times of June 5th, declares it a most useful remedy in certain hepatic troubles, and also in atheroma and rheumatism. He has found it especially of service in chronic interstitial hepatitis with enlargement, also in gallstones, incipient cirrhosis of the liver, and in subacute hepatic catarrh. He greatly prefers to give the iodide largely diluted, and upon an empty stomach, before breakfast. He usually gives a daily dose of fifteen grains in a pint or half a pint of water. Dr. Guiteras also gives ipecac, bicarbonate of soda, and calomel when indicated.

Dr. Guiteras says, "In the first place, the vascular excitement of the liver is at such times at its lowest ebb, and it is probable that the drug remains for a longer time and in larger quantity in the organ; and, secondly, it does not come to the liver diluted in the large quantity of albuminous fluid of an active and loaded portal circulation.

"If iodide of potash has any absorbing power over young inflammatory connective tissue, it may be said that, if taken fasting, it will have the same changes for good that alcohol has for evil when taken under the same circumstances. Further than this, it is probable that water, by promoting secretion, assists greatly the alterative action of the drug. It has been suggested by Frerichs and others that water is perhaps the most important element in the mineral waters. There are two classes of cases in which the last-mentioned action of the drug is of special value—viz. atheroma and rheumatism. It has been proved that deficient elimination, and the consequent charging of the blood with imperfectly-oxidized nitrogenous products, is the principal cause of atheroma. It is probable that one of the most important functions of the liver is to contribute greatly to the destruction and elimination of these albuminous matters. In cases of incipient atheroma, therefore, with a high blood-pressure, flat-topped pulse-wave, and accentuated second sound, we give the iodide in five- to ten-grain doses in half a pint or a pint of water during fasting. We believe that this method of exhibiting the drug will be found more advantageous than the diuretic mixtures containing iodide of potassium recommended by Fothergill. We think that these are more apt to disturb digestion."

As to the efficacy of this remedy in chronic and subacute hepatic affections, our experience coincides with that of Dr. Guiteras, except that small doses given after meals have seemed to us the best. Given on an empty stomach, it passes too suddenly into the circulation, and is more apt to produce iodism.

Dr. Guiteras, however, claims that by his method of administration he gets better results from fifteen grains a day than are produced by double that quantity given after meals.

A NEW YORK paper, in remarking upon the late meeting of the American Medical Association, wondered how it could be that so large and so fine a looking body of men should have so little money. Ourselves have at times been puzzled over this problem.

Correspondence.

THE COCA IN OPIUM-HABIT.

To the Editors of the Louisville Medical News:

In your issue of May 29th I noticed an article, from the pen of Dr. Palmer, upon *coca* as a possible antidote for the opium-habit. At that time I had under my treatment Capt. C., who was suffering from the morphine-habit. He was wounded in the left leg at the battle of Nashville during Hood's raid through Tennessee, and had it amputated at the middle third of the thigh. He contracted the morphine-habit to alleviate the intense pain, and continued it for several years. Five years ago he quit taking the drug, and abstained till last spring, when he went to Louisiana from Middle Tennessee, where his physician prescribed morphine in conjunction with quinine for the relief of malarial poisoning. The old habit soon returned with all its pristine force. When he came back I found him in the condition described above—gloomy, despondent, and threatening to commit suicide.

As soon as I read Dr. Palmer's article I determined to give the *coca* a fair test, and am able to report that the result was a most happy one. He has been using the *coca ad libitum* for more than a week, and now, instead of taking three grains of morphine several times a day, is entirely relieved of this habit with all its distressing effects, and is happy, hopeful, and cheerful.

I hope all other physicians will try this new remedy in cases of this kind, and report through the *News* and other medical journals, as I, for one, am deeply interested in the result.

J. G. CORE, M. D.

THOMPSON STATION, TENN.

Reviews.

A System of Medicine. Edited by J. RUSSELL REYNOLDS, M. D., F. R. S., Fellow of the Royal College of Physicians of London; Fellow of the Imperial Leopold-Carolina Academy of Germany; Fellow of the University College, London; Professor of the Principles and Practice of Medicine in University College; Physician to the University College Hospital; Examiner in Medicine to the University of London. With numerous additions and illustrations, by HENRY HARTSHORNE, A. M., M. D., Fellow of the College of Physicians of Philadelphia; formerly Professor of Practice of Medicine in Medical Department of Pennsylvania College, and Physician to the Episcopal Hospital of Philadelphia; lately Professor of Hygiene and the Diseases of Children in the Woman's Medical College of Pennsylvania; etc. In three volumes. Vol. III: Diseases of the Digestive, Blood-glandular, Urinary, Reproductive, and Cutaneous Systems. Philadelphia: Henry C. Lea's Son & Co.

Reynolds's System of Medicine is full in all its departments, and is probably as perfect as a system of medicine can be made. Its contents are the work of the brains of masters in medicine. Let every doctor and student who has not already procured it purchase it at once. Buy it in cloth binding, we would advise. Except dictionaries, which are much handled and should therefore be in leather, it is the best policy to buy books in cloth, because their cost is less, and the cloth is sufficiently durable. One wants every new work on practice and therapeutics, and most of us must study economy. The habits of book-buying and book-reading are increasing with immense rapidity in this country. The people are growing wiser, and the doctors must read and think in their chosen vocation if they would maintain themselves. The day of "natural-born doctors" is passed. Book-learning is universally coming to be recognized as of vast assistance to common sense in medicine as in other things.

The third and last volume of this great work is, like the preceding volumes, worthy of the highest praise. Its contents and contributions are as follows:

Diseases of the Stomach, by Wilson Fox, M. D., F. R. S.; Diseases of the Mouth, by Chas. E. Squarey, M. B.; Diseases of the Fauces, Pharynx, and Esophagus, by Chas. E. Squarey, M. B.; Euteralgia, by John Richard Wardell, M. D., F. R. C. P.; Enteritis, by John Seyer Bristowe, M. D., F. R. C. P.; Obstructions of the Bowels, by John Seyer Bristowe, M. D., F. R. C. P.; Ulceration of the Bowels, by John Seyer Bristowe, M. D., F. R. C. P.; Cancerous and Other Growths of the Intestines, by John Seyer Bristowe, M. D., F. R. C. P.; Diseases of the Cecum and Appendix Vermiformis, by John Seyer Bristowe, M. D., F. R. C. P.; Cholice, by J. Warburton Begbie, M. D.,

F. R. C. P. E.; Dysentery, by J. Warburton Begbie, M. D., F. R. C. P. E.; Diarrhea, by Edward Goodeve, M. D.; Cholera Morbus, by Henry Hartshorne, M. D.; Cholera Infantum, by Henry Hartshorne, M. D.; Diseases of the Rectum and Anus, by Thomas Blizard Curling, F. R. S.; Intestinal Worms, by W. H. Ransom, M. D., F. R. S.; Trichina Spiralis, by Henry Hartshorne, M. D.; Peritonitis, by John Richard Wardell, M. D., F. R. C. P.; Tubercle of the Peritoneum, by John Seyer Bristowe, M. D., F. R. C. P.; Carcinoma of the Peritoneum, by John Seyer Bristowe, M. D., F. R. C. P.; Affections of the Abdominal Lymphatic Glands, by John Seyer Bristowe, M. D., F. R. C. P.; Ascites, by John Seyer Bristowe, M. D., F. R. C. P.; Hepatalgia, by Francis Edward Anstie, M. D., F. R. C. P.; Congestion of the Liver, by W. C. Maclean, M. D.; Jaundice, by Edward Goodeve, M. B.; Biliary Calculi, by Edward Goodeve, M. B.; Suppurative Inflammation of the Liver, by W. C. Maclean, M. D.; Gangrenous Inflammation of the Liver, by W. C. Maclean, M. D.; Chronic Atrophy of the Liver-Cirrhosis, by Edward Goodeve, M. B.; Acute or Yellow Atrophy of the Liver, by Edward Goodeve, M. B.; Fatty Liver, by J. Warburton Begbie, M. D., F. R. C. P. E.; Cancer of the Liver, by J. Warburton Begbie, M. D., F. R. C. P. E.; Hydatid Disease of the Liver, by J. Warburton Begbie, M. D., F. R. C. P. E.; Waxy Disease of the Liver, by J. Warburton Begbie, M. D., F. R. C. P. E.; Diseases of the Pancreas, by John Richard Wardell, M. D., F. R. C. P.; Diseases of the Spleen, by John Richard Wardell, M. D., F. R. C. P.; Splenic Leucocythemia, by Wm. R. Gowers, M. D.; Hodgkin's Disease, by Wm. R. Gowers, M. D.; Addison's Disease, by Samuel Wilks, M. D., F. R. S.; Exophthalmic Goitre, by Hermann Biegel, M. D.; Bronchocele, by Henry Hartshorne, M. D.; Progressive Pernicious Anemia, by Henry Hartshorne, M. D.; Diabetes Mellitus, by T. Lauder Brunton, M. D., F. R. S.; Diabetes Insipidus, by T. Lauder Brunton, M. D., F. R. S.; Nephralgia, by W. R. Basham, M. D., F. R. C. P.; Diseases of the Renal Blood-vessels, by Frederick T. Roberts, M. D., F. R. C. P.; Hematuria, by William Roberts, M. D., F. R. S.; Endemic Hematuria, by Wm. Roberts, M. D., F. R. S.; Hematuria and Paroxysmal Hematuria, by Wm. Roberts, M. D., F. R. S.; Albuminuria, by Wm. Roberts, M. D., F. R. S.; Congestion of the Kidneys, by William Roberts, M. D., F. R. S.; Bright's Disease, by William Roberts, M. D., F. R. S.; Nephritis and Pystitis Consecutive to Affections of Lower Urinary Tract, by Marcus Beck, M. S.; Calculous Disease of the Kidney, by W. R. Basham, M. D., F. R. C. P., and Frederick T. Roberts, M. D., F. R. C. P.; Hydronephrosis, by Frederick T. Roberts, M. D., F. R. C. P.; Renal Abscess, by Fred. T. Roberts, M. D., F. R. C. P.; Tumorous and New Growths of the Kidneys, by Fred. T. Roberts, M. D., F. R. C. P.; Anomalies of Position, Form, and Number of Kidneys, by William Roberts, M. D., F. R. S.; Diseases of the Ureter, by Fred. T. Roberts, M. D., F. R. C. P.; Affections of the Bladder, by Sir Henry Thompson, M. D., F. R. C. S.; Changes in the Shape and Position of the Uterus, by Graily Hewitt, M. D., F. R. C. P.; Disorders of Uterine Function, by Graily Hewitt, M. D., F. R. C. P.; Inflammation of the Uterus (Metritis), by W. O. Priestley, M. D., F. R. C. P.; Growths in the Uterus, by John Williams, M. D.; Pelvic Hematocoele, by William O. Priestley, M. D., F. R. C. P.; Pelvic Cellulitis, Pelvic Peritonitis, by William O. Priestley, M. D., F. R. C. P.; Inflammation of the Ovary, by John Williams, M. D.; Ovarian Tumors, by John

Williams, M. D.; Spermatorrhoea, by Henry Hartshorne, M. D.; Diseases of the Cutaneous System, by A. J. Balmanno Squire, M. B.

Vol. I: Venereal Diseases. By E. L. KEYES, A. M., M. D.

Vols. II and III: A Treatise on Foreign Bodies in Surgical Practice. By ALFRED POULET, M. D.

Vol. IV: A Treatise on the Continued and Periodical Fevers. By JAMES C. WILSON, M. D.

Vol. V: Diagnosis and Treatment of Diseases of the Ear. By ALBERT H. BUCK, M. D.

Vol. VI: A Hand-book of Physical Diagnosis; Comprising the Throat, Thorax, and Abdomen. By Dr. PAUL GUTTMANN.

Vols. VII, VIII, and IX: Therapeutics. Translated by D. F. LINCOLN, M. D., from the *Materia Medica and Therapeutics* of A. TROUSSEAU, M. D.

Vol. X: A Treatise upon Common Forms of Functional Nervous Diseases. By L. PUTZEL, M. D.

Vol. XI: Minor Surgical Gynecology. A Manual of Practical Hints and Methods of Procedure in Gynecological Practice, for the use of Practitioners of Medicine. By PAUL F. MUNDÉ, M. D.

Vol. XII: A Practical Manual of Diseases and Deformities of the Joints. With Special Reference to their Diagnosis and Mechanical Treatment. Particularly designed for the use of General Practitioners of Medicine. By LE ROY MILTON YALE, A. M., M. D.

The above series comprises Wood's Library of Standard Medical Authors for 1880. These books are an improvement even upon those of 1879. The paper is highly finished, there are more engravings, the binding is tasteful, and the library will contain about a thousand more pages than that of 1879. The works are all by eminent authors. The price is but fifteen dollars for the entire series.

Lucie Rodey: A Novel. By HENRY GREVILLE, author of "Dosia," "Marrying Off a Daughter," "Saveli's Expiation," "Sonia," "Dournof," "Philomen's Marriages," "Pretty Little Countess Zina," "Markof," "Bonne-Marie," "A Friend," "Gabrielle," etc. Translated by MARY NEAL SHERWOOD. Philadelphia: T. B. Peterson & Brothers. Price, fifty cents.

In our childhood we were impressed with the then prevalent idea of the wickedness of works of romance, and we looked upon novel-reading as little less sinful than Sabbath-breaking and bird-nesting. During our youth we heard the elders declaim against fiction-books as insidious temptations to time-wasting, and their perusal was declared to unfit the mind for solid reading and ear-

nest thinking. But we read novels all the same, and enjoyed them as we did green apples and candy, observing no harmful consequences from any of these indulgencies. When manhood was reached we were told that it was only excess in novel-reading that was injurious, provided, of course, the books were not inherently bad. Furthermore we were advised to read light literature now and then as a relaxation after severe study. We acted on this advice, or rather continued the course we had been pursuing, and have never yet had cause to regret it.

Literature is to the mind what food is to the body. It is equally various, almost as necessary, and a much more certain and abundant source of pleasure. It is injurious by excess, insufficiency, and from improper character.

We believe doctors especially should read novels. If one has from sickness, absence from home, or a temporary press of business, lost his taste for reading, often the devouring of a novel or two will revive his appetite and give him a relish for his serious reading.

If one has gotten intellectual nausea from excessive indulgence in study, or has gotten cerebral constipation from too solid intellectual diet, or has gotten mental anorexia, or any other form of brain-dyspepsia, there is often no better, safer, cheaper remedy than novels. As to what sort of novel should be used, that depends wholly on individual taste. Select the sweet or the dry, the high flavored or the delicate, the strong or the mild, as you would your wines. Devour the serious and strictly moral, the witty and humorous, the poetic and pathetic, the doubtfully correct or indubitably wicked, just as you fancy. None of them will hurt a healthy man; if they do, he can find alteratives, tonics, constrictives, and purgatives in others, and one has but to take the proper remedy to be cured.

The book whose title is given above has been sent us by the publishers. Its author is quite a popular writer, and we have read some of her novels with great pleasure. "Lucie Rodey" is neither brilliant, thrilling, pungent, nor beautifully written, but it affords a few hours' mild and pleasant occupation. It is a French story, describing such affairs as are supposed to be of perpetual occurrence in high life in large cities. There are two husbands and two wives. The bad wife has a good husband. The good wife has a bad husband. The two

bad are very bad with one another. The two goods are very good with each other. The only mother-in-law mentioned is a marvel of discretion, patience, and gentleness. She gives no advice to daughter or son-in-law, never interferes in domestic arrangements, and is very useful about the house in cases of sickness, children, and so forth.

Sore Throat; its Nature, Varieties, and Treatment; including the Connection between Affections of the Throat and other Diseases. By Prof. JAMES, M. D., Lecturer on Materia Medica and Therapeutics at the London Hospital; Physician to the Hospital for Diseases of the Throat and Chest; late Physician to the North London Consumption Hospital; etc. Fourth edition. Illustrated with hand-colored plates. Philadelphia: Lindsay & Blakiston. 1880.

Beautifully gotten up, small, inexpensive, well illustrated; full of valuable, practical knowledge, clearly, concisely, and attractively conveyed, this book should meet with an immense sale.

Books and Pamphlets.

NASAL CATARRH. By Martin F. Coomes, M. D. One volume; cloth; pp. 170. Louisville: Bradley & Gilbert, publishers. Price, \$2.

It is not easy to write without enthusiasm of a work like Dr. M. F. Coomes's, nor are we sure that in the present case enthusiasm would be misplaced. It is nothing less than an attempt to give a complete history of *rhinitis*, in its anatomical, pathological, therapeutical, and clinical aspects, and to concentrate in one book the knowledge of the whole subject. Failure in such a scheme might be predicted with almost perfect assurance; but, though a fault may be pointed out here and there, and objection made to this point and to that, yet it must be conceded upon all hands that Dr. C. has succeeded astonishingly well, and that he has made a contribution of immeasurable value to the literature of our popular science. We say popular science, for the book is not intended for savants alone, but is designed to be read by the general practitioner and to be used as a text-book for the student. Its expositions are clear, simple, and untechnical. There are few portions that can not be readily understood, and, while nothing essential is omitted, there is none of that elaboration of details which so wearies the patience. There are no less than seventeen

cuts. All of these are of a quality and artistic finish seldom found except in the most expensive works. Besides these there are records of thirty clinical cases inserted in the text. The text itself is in a type which makes it a pleasure to read.

In its mechanical features, too, the book is a model of beauty and good taste. The style in which Messrs. Bradley & Gilbert have published the work is highly creditable to their house. Whoever does read this book, we may add, will be likely to learn something unknown to him before about the subject of which it treats.

W. B. M.

INDEX MEDICUS: A Monthly Classified Record of the Current Medical Literature of the World. Compiled under the supervision of Dr. John S. Billings, Surgeon U. S. A., and Dr. Robt. Fletcher, M. R. C. S., Eng. Vol. I, No. 11, November, 1879. New York: F. Leyboldt, 13 and 15 Park Row, London; Trübner & Co., 57 Ledgate Hill. Paris: C. Reinwald et Cie, 15 Rue des Saints-Pères. Leipzig: K. F. Köhler, Poststrasse, 16. Amsterdam: Fred. Müller & Co., Heeren-gracht, 329. St. Petersburg: Karl Röttger, Newskij Pr. No. 5.

Too much praise can not be given to this most useful work. It is a monthly classified record of medical literature. No teacher, writer, or other medical man, who would know what is going on in the world of physic, can afford to be without the Index Medicus. It costs but three dollars a year.

ANNOUNCEMENT OF THE GENERAL MEETING OF THE AMERICAN SOCIAL SCIENCE ASSOCIATION, September 11, 1880, at Saratoga. List of Officers and Members, May, 1880; Amended Constitution; List of Publications.

Pharmaceutical.

LACTOPEPTINE deservedly stands at the head of the digestants. Its excellence in dyspepsia is an established fact.

PETROLINA AND PETROLIA OIL.—These should supersede the animal and vegetable oils, in medicine and surgery, where cerates are indicated. The rock-oils do not become rancid, and thereby irritant, as do the old-fashioned unguents, and are, besides, much cheaper.

PLANTEN'S CAPSULES.—In the cities capsules have well-nigh superseded pills. They wholly prevent the unpleasant taste of medicines. Not only solids but liquids may be conveniently given in capsules. For rectal and vaginal medication they are far superior to suppositories.

BAKER'S COD-LIVER OIL.—We employ Baker's oil in preference to all others. The pure oil is palatable and digestible, and the emulsion is well-nigh delightful.

TROMMER'S EXTRACT OF MALT.—This great constructive in consumption, scrofula, chronic syphilis, and in all the cachexias, has proved itself a curative agent of the first order.

MALTINE.—Reed & Carnrick's maltine is as certainly efficacious as are cod-liver oil and the hypophosphites in all conditions of chronic debility. In chronic phthisis, scrofu-rheumatism, dyspepsia, etc. it is most valuable.

DEXTRO-QUININE.—Many of the leading physicians of America pronounce this anti-periodic, made by Keasbey & Mattison, in every way equal and in some respects superior to quinia, and it costs less than half as much as the older remedy.

QUINQUINIA.—This febrifuge, produced by Chas. T. White & Co., is considered by many superior to quinia, and it cures some obstinate intermittents that will not yield to quinia. In India, where the malarial poison is most virulent, it is an especial favorite. It costs but one dollar an ounce.

Miscellany.

THE NEIGHBORHOOD OF INFECTIOUS HOSPITALS.—From British Medical Journal:

Dr. Bertillon has contributed to the *Revue d'Hygiène* an interesting article on the objectionable influence which may be exercised by hospitals in the diffusion of infectious diseases in adjacent dwellings. Intrusted by the Paris municipality with the supervision of the medical statistics of the city, M. Bertillon discovered that the deaths from variola and diphtheria were not spread throughout the city in an uniform ratio, but indicated more intense foci in certain quarters. A more careful search into the origin of these foci have led him to attribute it to the vicinity of hospitals. The facts are as follows: In the months of January and February there were five hundred and sixty-nine deaths from smallpox, of which fifty-nine occurred in the Sorbonne quarter. Taking into account the population of this quarter (which is thirty-two thousand) in relation to the whole of the city, a very simple calculation leads to the conclusion that the small-

pox mortality was from six to seven times greater in that locality than in other parts of Paris. And not only this, the mortality was not indiscriminately diffused throughout the quarter, but occurred more especially in that part which is situated between the small arm of the Seine and the Boulevard Saint Germain, at which point it has been sixteen times greater. A map, in which the deaths are marked by black points, makes the demonstration of this fact very striking. It is there seen that the deaths are grouped round the annex of the Hôtel Dieu, situated between the small arm of the Seine and the Rue de la Bucherie. This annex was utilized as a smallpox hospital, and hence the epidemic has spread through the neighboring houses. A fact worthy of note is that in the Rue Gallande, which runs parallel to the annex, the cases of smallpox were found exclusively in those houses of which the windows looked in the direction of the hospital.

A study of the deaths in the quarter of the Quinze-Vingts leads to similar conclusions, but here the presence of two hospitals and the arrangement of the streets cause the deaths to be more equally disseminated throughout the quarter, and less decidedly grouped round the infective sources. The mortality from smallpox has been three times higher in this quarter than in the entirety of the city.

The Laennec Hospital, which was also used as a receptacle for smallpox patients, has exercised a scarcely appreciable injurious effect on the inhabitants of the neighboring houses. Dr. Bertillon sees the causes of this immunity in the following conditions: The Laennec Hospital is only two stories high, and does not dominate the houses of the quarter like the annex of the Hôtel Dieu, which is four stories high. The only open windows at the Laennec Hospital look into the internal courtyards; besides this, the hospital attendants have, from convenience and not by order, got into the habit of throwing into the fire all the dust coming from the smallpox wards. The neighboring dwelling-houses are likewise kept clean, and inhabited by a population who are in easier circumstances, and more careful with regard to revaccination and hygienic matters.

The Sainte Eugénie Hospital, which has acquired so melancholy a notoriety in connection with its diphtheria-wards, has been also studied in relation to the propagation of this dreaded disease; and the deaths from diphtheria have been found to be relatively

four times more numerous in the quarter of the Quinze-Vingts, in which it is situated, than in the city of Paris. A double primary infant-school, containing one school for boys and another for girls, is contiguous to the Sainte Eugénie Hospital. The boys' school, which directly receives the air from the gardens of the hospital, has had four fatal cases of diphtheria. The girls' school, which lies at the back of the boys' school and looks away from the hospital, has not developed a single case. Facts of an analogous character with regard to smallpox have, according to the *Lyon Médical* of May 30th, been observed at Lyons. M. J. Rendu, in a paper on an epidemic of smallpox, has thoroughly established facts of the injurious influence of the military hospital, Les Collinettes, in relation to the origin and spread of the outbreak.

ANCIENT AND MODERN MEDICINE.—It was Lord Macaulay who observed (*Medical Times and Gazette*): "The advice and medicine which the poorest laborer can now obtain, in disease or after an accident, is far superior to what Henry VIII could have commanded. Scarcely any part of the country is out of the reach of practitioners who are probably not so far inferior to Sir Henry Hallford as they are superior to Dr. Butts. That there has been a great improvement in this respect Mr. Southey allows; indeed he could not well have denied it. 'But,' says he, 'the evils for which these sciences are the palliative have increased since the time of the Druids in a proportion which heavily overweights the benefit of improved therapeutics.' We know nothing either of the diseases or the remedies of the Druids; but we are quite sure that the improvement of medicine has far more than kept pace with the increase of disease during the last three centuries. This is proved by the best possible evidence. The term of human life is decidedly longer in England than at any former age respecting which we possess any information on which we can rely. No test of the physical well-being of society can be named so decisive as that which is furnished by bills of mortality."

STUNNING!—A writer in the *Therapeutic Gazette* declares: "It is quite certain that in the treatment of chills and fever, when we use quinine for instance, it unites with the malaria and forms an inert substance, which may be called the *quininate of malaria*, to give it a chemical name."

TRICYCLES VS. HORSES.—Mr. W. A. Hunt, L. R. C. P., writes to the British Medical Journal:

Some time ago a very interesting letter was published in this journal concerning pedo-motive machines in place of horses, and signed "Vacuus Viator cantabit coram Latronibus." It was thought by many readers to have too much *couleur de rose*; but still, from the many letters which have appeared since, it seems the ball has been set rolling, and the cost of horse-flesh, with its accessories, has led many to seriously contemplate the possibility of employing the bicycle or the tricycle in country practice. I am a small and not a strong man, and I am accustomed to speak the truth. Upon these very grounds I believe my remarks will be not only of interest but of value to some.

Bicycles, I think, are not adapted for the purpose, for the following reasons: 1. Agile young men only can ride them; 2. The best riders are liable to dangerous falls; 3. The rider can not stop to speak to a person in the road, but must either dismount or fall off; 4. Good roads and good weather are almost essential for the bicycle; 5. There is much trouble in learning to ride them. The tricycle I advise has not one of these drawbacks.

Many, however, consider there is a loss of dignity in riding these machines. A similar argument has often been objected against the use of new and ill-understood inventions; and he was a bold but a sensible man who first walked down the Strand in the rain protected with the then new-fangled thing now known as an umbrella. That man was laughed to scorn, but he was right.

I have experience of nearly all the tricycles in the market, and give my testimony in favor of the new "Salvo," by Starley, of Coventry. This machine is a great improvement upon the earlier "Salvo" he brought out, and I consider that it outdistances by a long way every other tricycle. The driving-wheels are forty-six inches high, and the machine is thirty pounds lighter than the first "Salvo." My country is hilly, but I never dismount, and can easily ascend gradients of one in eighteen, or even steeper. I can get an average pace on the turnpike road of eight miles an hour, up hill and down, as it comes. I have traveled at the rate of twelve miles an hour; but this is racing speed, and not required.

As I practice a specialty, and my patients come to me instead of my going to them, my "Salvo" is not much used actually in

practice; but it is most easy to ride, requires no trouble to learn, and is ready at any instant for use. Moreover, you are perfectly secure from accident or upset, perhaps even more so than with a pony-carriage. My "Salvo" which I first rode had fifty-inch driving-wheels; and in adding up the various runs I had made with it I found that I had soon done a thousand miles. The new "Salvo" I ride usually in the evenings, and generally go from ten to thirty miles or more. One can carry thirty pounds of luggage if needed; and the machine is fitted with an oil-lamp, which gives a brilliant light, and is not jerked or put out by jolting over a rough road, which is a great thing for night-traveling.

I fully believe that when these machines are known their use will become far more general than at present. It was from reading the letter to which I have already referred that I was induced to purchase one of these machines, and have never regretted having done so.

POPULAR ADDRESSES AND JUNKETING IN MEDICAL SOCIETIES.—The Chicago Medical Review thus wisely suggests to the Illinois State Medical Society. We hope the Kentucky Society will adopt these views: The meeting at Belleville furnishes an admirable and a sad occasion for criticism. At this meeting three popular addresses were made. Two would have been better, and better than two, one. During the two entire evenings of this meeting, which were given to these popular addresses, delegates were wasting valuable time in listening to the details of subjects with which they were presumably already familiar. Even more inexcusable were the doings of the last evening, for this was given to junketing. . . . Hereafter let us hope that no local committee will ever feel called upon to prepare social entertainments for the State Society. Let individuals do what they please, but do not let the Society be committed to the junketing programme.

MR. R. BARRETT, writing to the Victorian Review, asserts that nine tenths of the blacks in Australia die of consumption—a curious commentary on the practice of sending consumptives to Australia.—*Medical Press and Circular*.

It is intended to confer the honorary degree of D. C. L. of the University of Oxford on Prof. Lister.—*Med. Press and Circular*.

ON THE INTERNAL USE OF WATER FOR THE SICK, AND ON THIRST—A striking picture from Dr. Forsyth Meigs's lecture:

It is now thirty-seven years since I entered upon the private practice of our profession, under the auspices of my father, Prof. Chas. D. Meigs. I learned from him early in my career that it was *rarely wise* for the physician to refuse water to a thirsty patient. I soon learned also that *young children often suffer* for the *want of water*, from ignorance upon the part of the mother or nurse, from inattention upon the part of the physician, or from the direct prohibition, by medical authority, on theoretic or practical grounds, of this simple and necessary aliment. It is more than twenty years since I heard from one of my patients, a tender and truthful woman, the following story. I have often felt my flesh creep as I related its pathetic details:

My patient had a friend living near her, a woman, with a family of seven children. One of these children, a boy of five or six years, was seized with acute dysentery. A doctor was sent for. I am pleased to know that he was not a scientific physician, but a doctor who followed one of the miserable isms of the day. He forbade the mother to give water as drink, lest it might increase the frequency of the intestinal discharges. The child had been sick for several days, and was losing largely from the alimentary canal the fluids of the body. He was heated with fever, and was evaporating water at a rapid rate from the skin and lungs. He wanted water. Above all things he wanted water, but the doctor had denied him this boon. My patient was in the sick-room late in the day. The child was begging for water. "Mother, give me some water; give me some water." She dared not. Presently he dragged himself up in his bed, tottered out on the floor, fell on his knees, and putting up his poor little hands in prayer, cried, "Mother, give me some water; mother, give me some water." She, that unhappy woman, with the strange faith in the physician which some women have, dared not. That night he died.

TUBERCLE.—At a recent meeting of the Boston Society for Medical Improvement, recorded in the Boston Medical Journal, Dr. Bowditch said that under the modern German investigations he had quite given up all thought of accurately diagnosing before death—and, it might be also said, even at an autopsy—whether tubercles existed in any

special case. The words *bronchitis* and *pneumonia*, though conveying very precise ideas formerly, were far from giving any such clear notions now. Niemeyer had at times capriciously criticised Laennec; yet, if we may trust to the accurate examination of such men as Charcot and others equally well known in modern France, the views thus scoffed at by Niemeyer were really essentially correct. Dr. Bowditch thought the fame of Laennec and many of his pathological statements of tubercle and bronchitis and pneumonitis would last when Niemeyer's would have been either wholly superseded or very materially modified.

NOTHING is more difficult and disagreeable than to argue men out of their prejudices. I shall not, therefore, enter into controversies on the subject, but, if men dispute and object, shall leave the decision to time and trial.—*Berkeley.*

RESIGNATION.—Prof. J. H. Pooley has resigned the chair of Surgery in Starling Medical College. That institution has by this lost her most efficient teacher and one whose place can not be filled.—*Ohio Med. Rec.*

Selections.

Salicylic Acid.—Extracts from the Med. Times and Gazette:

Salicylic acid is derived from two sources, the oil of wintergreen and carbolic acid. The former, although far the more expensive, is the only form of the remedy to be relied on as perfectly pure. With perchloride of iron, salicylic acid and the salicylates strike a deep indigo blue, and this reaction is looked upon, when discovered in the urine, as a sure sign that the body has been thoroughly saturated with the substance. Sometimes the reaction may be got in a few minutes, sometimes not for hours or days.

It is a very powerful antiseptic, and perhaps an equally powerful antipyretic. The way in which it acts as regards temperature is not quite clear, but its reducing or paralyzing effect on the heart is fully admitted by its strongest supporters; while the albuminuria, which was looked upon here as a phenomenon independent of the action of the drug, is now abroad acknowledged to be a frequent consequence of its administration. Thus, albuminuria was noted in one fifth of eighty-one cases recorded. Some may think this of much consequence, others of little; but it is plain that the connection of albuminuria with the administration of salicylic acid is something more than casual.

The drug was administered in the cases referred to as pure salicylic acid, not, as commonly given in this country, salicylate of soda; consequently the doses were much larger than most of us would be willing to give. It was given in *pains à cacheter*,

or thin wafers. The dose given was from seven to fifteen grains, or rather more; so administered that seventy-five grains should be taken each of the first three days, the quantities being then gradually diminished. In forty uncomplicated cases the joint-affection disappeared on an average in three days, the quantity of salicylic acid which was employed in each of the cases being altogether about three hundred and sixty grains; but there were relapses in about forty per cent. In another group, complicated by heart- or lung-mischief, the joint-affection disappeared rather earlier, but there was the ominous relapse of over fifty per cent. There is also attached the significant note that the earlier the remedy is given the better the cases do. Nevertheless, the author holds that with this mode of treatment the proportion of cases attacked with pericarditis or endocarditis is less than with any other, and that under its use pleurisy rarely occurs. The temperature was speedily reduced to the normal where there was no complication, and where a high temperature persisted it was supposed to be due to the pericarditis.

Dr. Bokkenheuser thus concludes:

The chief results at which I have arrived in connection with the foregoing investigations are the following:

1. Salicylic acid is a specific against acute, febrile, articular rheumatism.

2. Its essential properties consist in the power it possesses of causing the affections of the joints to disappear and the fever to yield within some few days.

3. This result is effected with equal facility in patients of different sexes and ages. At the same time the effect is the more speedy and complete the earlier in the disease the patients come under treatment.

4. Salicylic acid is not capable in any special degree of cutting short the disease, but it alters its character in such a way that the patients, after the lapse of the first few days, do so well that they no longer feel themselves ill.

5. The treatment with salicylic acid does not always prevent a relapse, even if an "after-cure" is employed; but as a rule such a relapse can be brought to yield again in a very short time.

6. It is possible and even probable that the treatment with salicylic acid is often capable of preventing the outbreak of acute affections of the heart and lungs; and it is certain that these, when they do arise, pass off in a milder way than they otherwise usually do. In particular, it may be laid down that this treatment almost excludes the occurrence of an attack of pleuritis.

7. Salicylic acid is capable of stopping, in the course of a few days, an acute exacerbation of a chronic articular rheumatism.

8. Against monarticular pains salicylic acid is ineffective.

9. It likewise appears to be ineffective against attacks of a febrile acute articular rheumatism, even when these are of a polyarticular and wandering nature.

10. Against rheumatic hyperpyrexia salicylic acid has no effect.

11. In the case of a very few patients there seems to be such an immunity against salicylic acid that it produces no effect upon them.

12. The treatment with salicylic acid does not exclude all other methods of treatment, such, for example, as the use of baths, protective bandages, and the like.

13. No definite contra-indication to the use of salicylic acid seems to exist, but sometimes circumstances may require us to discontinue the medicine either for a time or altogether.

Cirrhosis of the Liver in an Infant Three Months Old.—Reported by Thomas Oliver, M. D., in British Medical Journal. He thus comments on the subject:

The association of cirrhosis of the liver with the immoderate use of ardent spirits is so firmly rooted in the medical mind that cases occurring in others than tipplers—in those who from age and other circumstances are placed beyond the pale of intemperance as a cause—have attracted a little more than ordinary attention. A few years ago I reported in the pages of this journal (1876, Vol. II, page 519), a case of cirrhosis of the liver which occurred in a girl of twelve years of age. In her there was the history of an attack of measles, followed by rather a slow convalescence, during which she received a fair quantity of stimulants, but never, it would appear, to a greater extent than that supplied in similar cases. Since then others have reported the occurrence of cirrhosis of the liver in young people. Dr. Wickham Legg, in a very able *résumé* of the subject (St. Bartholomew's Hospital Reports, Vol. XIII, page 148, 1877), has brought before the profession the details of two such cases of cirrhosis of the liver, the first occurring in a boy of twelve, in whom the symptoms at first closely resembled those of typhoid fever; the second in an infant aged seventeen months, in whom, in the earlier part of the illness, the most prominent symptom was purging, but who ultimately died of tubercular meningitis. In both of these children the microscopical appearances of the liver were those of genuine cirrhosis.

As Dr. Legg remarks, "These cases have but little interest from the morbid anatomy point of view." Their etiology, however, is all-important; and first in regard to sex. Taking the cases collected by Dr. Legg as seventeen, of whom seven were boys, and adding to these his own cases (both of which were boys), we have up till now nine boys and ten girls—to the latter of which this case may be added—making the proportion of nine boys to eleven girls, from which fact we may infer that there is, after all, very little difference in the predisposition of the sexes.

Taking the age of the patients, it would appear that fifteen were between the ages of seven and thirteen; three were between the ages of five and six; the age of Dr. Legg's youngest patient was seventeen months, while my one was only three. Cirrhosis of the liver, therefore, when it occurs in children, can not be said to choose the age of infancy. Most of the cases on record, it is noteworthy, occurred after the second dentition; and it is out of this fact, perhaps, that one of the difficulties has arisen of arriving at its cause. The association of cirrhosis of the liver in children born with the marks of syphilis on their body and living for only a few days, as in the cases reported by Schüppel and Dr. Wilks, seems to me to point very strongly in the direction of syphilis as its cause—the postponement of the event till the later years of childhood being quite in keeping with the nature of congenital syphilis, as evidenced by dentition, wherein congenital syphilis, in its mildest form, seems to overleap the primary and stamp itself indelibly on the permanent teeth. The occurrence of such a case as the one I have reported is, it ap-

pears to me, a strong fact in favor of the view of syphilis being a cause. We know that syphilis is a disease which often leads to an increased development of fibrous tissue, as evidenced by the thickened periosteum and the proliferation of nuclei in the walls of blood-vessels. And in making this remark as to the etiology of the disease in question, even in the absence of the usual signs of syphilis in either parent, is it not a fact that a cachexia may be the only symptom in the mother?—a symptom late on in the disease, it is true, but yet a symptom sufficient to generalize in her child what would in herself only give rise to local areas of manifestation in the shape of gummata. Syphilis, however, will not explain all cases of cirrhosis of the liver, even in the young.

The Stigmata of Maize.—We copy from the London Practitioner's translation from the *Progrès Médicale* the following on *corn-silk* as a diuretic. Some months ago we asked our readers to investigate this new remedy when the roasting-ear season came. It is now with us, and we hope some of our friends will report to us the results of their trials with it:

It is hardly a year since this remedy was first introduced into the ordinary routine of practice, and yet it may not be uninteresting to make an abstract of some of the papers which have been published in regard to it. Professor Castan, at the Montpellier meeting, called attention to the stigmata of maize as a remedy which he had long known, and which he had found to be of great use in gravel and nephritic colic. In the latter disease there ensued after the administration of the drug a marked decrease in the painful symptoms, and he therefore supposed that the stigmata acted less as a diuretic than as a local anesthetic. Professor Denucé, of Bordeaux, obtained the most favorable results from its use in vesical catarrh, in which it appears to possess an elective action on the mucous membrane of the bladder. Dr. Pons, of Nérac, and Dr. Queirel, of Marseilles, had also frequently employed the stigmata of maize. M. Queirel observed that the pain was greatly alleviated in nephritic colic after the use of the remedy, but the urine was at the same time markedly increased in quantity. At the Therapeutic Society M. Constantin Paul stated that he was not convinced of the diuretic properties of the stigmata, although one of his colleagues had obtained some very striking results, the quantity of urine being in one case of dropsy increased from five to fifteen hundred grams after the ingestion of three spoonfuls of the syrup. Dr. Landrieux has arrived at the following conclusions, based on a considerable number of observations: 1. The various preparations of the stigmata of maize are of use in modifying the secretions of the urinary tracts. They may also be considered to possess a distinctly diuretic action. 2. Diuresis is rapidly produced, and the increase of urine is very marked after three or four days. 3. The diuretic effects are observed not only in diseases of the organs concerned in the urinary secretion, but also in the affections of the vascular system (diseases of the heart, blood-vessels, etc.) 4. The pulse is regular, the arterial tension is increased, while the venous pressure is diminished. 5. The remedy produces no disturbance of the nervous or digestive systems. The tolerance of the drug is complete and absolute, while in chronic cases its administration may be continued for three to six months without inconvenience. The different results which the use of

the stigmata of maize has given at the hands of different observers appears to be due in a large measure to the fact that the strength of the extract varies according to the nature of the soil, to the climate, to the time, to the mode of picking, and to the manner of drying the stigmata. The formula for the preparation of the syrup is not yet fixed, since the quantity of the active principle varies in different samples of the stigmata. The Pharmaceutical Union adopts formulæ which contain in one case six, and in another twelve grams of extract to the kilogram of syrup. The latter receipt is based on the assumption of a strength of 12 per cent. This quantity appears, however, to be too small, since the best samples of stigmata yield 25 to 30 per cent of extract, or on an average 27.5 per cent. The kilogram of syrup will therefore contain 27.5 grams with this strength (27.5 pro mille). The daily dose of the syrup will be two to four spoonfuls, representing about one to two grams of the extract. In all cases the syrup should be employed in preference to an infusion of the stigmata of maize.

Sebaceous Cysts in Sole of the Foot.—Ind. Med. Gaz.: Surg.-maj. Cameron observes that it is generally stated that sebaceous glands are absent from the palm and sole. In 1875 a police-constable in good health was sent to the hospital on account of an intractable ulcer at the side of the foot, measuring three quarters of an inch in diameter. Its margins, composed of the tissues of the skin, were raw, red, smooth, and healthy-looking. Its base was covered with a brownish-colored, inert-looking membrane, which, when unfolded by means of a probe, was found to be comparatively insensitive and to present a smooth, glistening, secreting surface on the side toward the exterior. It was removed by avulsion, and the ulcer, which had hitherto resisted treatment, healed quickly. The portion of the membrane removed had the characters of a cyst of a vein, and consisted only of a portion of the original cyst—the external portion having been lost by ulceration. It was dense and thick, and having a free outlet, it contained no mass of fatty, pultaceous secretion, but felt and looked greasy. The history was of a small, painless swelling on the sole, of its gradual enlargement, its becoming painful and bursting, and finally the formation of the ulcer. In 1877 a strong and healthy man came with a dense resisting cyst the size of a marble, placed under the skin of the plantar surface of the fifth metatarsal bone, the skin over it being red, painful and adherent. It was obvious that this was an earlier stage of the affection mentioned above, and this was proved by incision and avulsion of the cyst. It was an ordinary enlarged sebaceous cyst, containing fatty, pultaceous matter.—*Med. Times and Gaz.*

Peri-odontal Deposit of Mercury.—Henry Long Jacob, in Med. Press and Circular: March 21, 1868, extracted for M. W. G., aged thirty-five, the right upper wisdom-tooth, which was carious, loose and painful. On examination found the sac of an old abscess round the tooth, and the substance of the thickened fungoid peri-odontal membrane was studded with globules of mercury of various sizes from a diameter of one twenty-fourth inch downward, some being too small to be seen distinctly with the naked eye. The patient stated that the tooth, to his recollection, had never been filled, and that to the best of his knowledge he had never been subjected to a course of mercury.

Drugs in Epilepsy.—In the twenty-eighth annual report of the Derby County Lunatic Asylum, which has just been published (British Medical Journal), Dr. Murray Lindsay records the results obtained from the administration of certain drugs—sumbul, bromide of potassium, zinc, arsenic, nitrite of amyl, and nitro-glycerin—to a group of confirmed epileptics. The trials made of these drugs have not been sufficiently numerous nor long-continued to warrant any definite conclusions, but they have certainly afforded some interesting and suggestive results, and must encourage to further experiment. As might have been expected, Dr. Murray Lindsay has found that bromide of potassium is the remedy from which benefit is most surely and generally derived in chronic epileptics, and by which the frequency and severity of the fits is most certainly diminished. But while according to this remedy the first place in the rôle of medicines useful in epilepsy, he assigns positions of subordinate but still material usefulness to nitrite of amyl and nitro-glycerin. The latter drug has not before been tried in epilepsy, and much interest therefore attaches to the provisional conclusion of Dr. Murray Lindsay and his colleague Dr. Thompson respecting it, that while in some cases it decidedly aggravated the malady and increased the number of fits, in other cases—those in which there was marked anemia—it conferred benefit and diminished the frequency and severity of the seizures. It was administered in doses of from one to ten minims of a one per cent solution, and was pushed in some cases until its physiological effects, quickening of the pulse and throbbing of the arteries, were established. Even when taken continuously for three months, it had no ill effects upon the general health. Nitrite of amyl is, Dr. Murray Lindsay thinks, most useful when bromide of potassium fails to act. From sumbul, arsenic, and zinc he obtained no appreciable effects.

In the *Bulletin de Thérapeutique* Dr. Pasqua publishes the results of three cases of gonorrhea treated by injections of chloral. In each case two injections a day retained for a few minutes sufficed. At first slight smarting was felt, but which quickly changed to a sensation of coolness agreeable to the patient. After the third or fourth day the frequent want to micturate and the painful erections diminished, the running became more clear and limpid, and ceased entirely upon the eighth or tenth day. No stricture, orchitis, or those accidents which are the result of badly-treated blenorragia. It results from the foregoing that chloral has the power to diminish and calm rapidly the frequent desire to micturate and erections, to abridge in a marked manner the duration of the running, and to prevent the occurrence of complications. The strength of the injections is six grains to the ounce.—*Med. Press and Circular*.

Water for the Sick.—Dr. J. Forsyth Meigs says: What, then, is to be the guide as to the quantity of water to be supplied to the sick? I answer, unhesitatingly, that so long as the patient retains his natural senses or appetites *there is no guide so sure and so safe as the thirst*. When this is lost, the trained knowledge of the physician or the common-sense and experience of the nurse must determine the quantities that should be given. What is this thirst upon which I rely so implicitly? It is the appetite implanted in the body by the Creator for the determination of the amount of water needed. The infinite wisdom which made the eye, the ear, the mind, the soul, established

also the appetites of thirst and hunger, by which to regulate the amounts of food and liquid necessary for the sustenance of the animal. These senses are quite as wonderful and unerring as the instinct of the bee to make its mathematical cell or to suck honey from the flowers; of the ant to lay up store of food for its young; and of the migratory bird to seek its nutriment in new climates. For myself, I dare not oppose this divine sense in a thirsty patient any more than I would oppose the instinct of the infant to take from its mother's breast the material it needs for its growth. . . . Thirst does not mean that the mouth, or throat, or stomach, merely want water poured over or into them, but that the hand, the foot, the brain, the body and all its members, need water. The thirst corresponds, Carpenter says, "to the excess of demand in the system over the supply afforded by the blood, and it is caused to abate by the introduction of the requisite material into the circulating fluid, even though this is not accomplished in the usual manner by the ingestion of food or drink into the stomach."

Five Hundred Cases of Perforation of the Membrana Tympani.—Mr. George Field said this was a common accident, not always followed by deafness. In no less than one hundred and eighteen cases the affection was double. Of the whole, no less than four hundred and eight were from disease and ninety-two from injury. It often resulted from the exanthemata, especially scarlatina, as well as from cold or teething, this often masking the ear mischief. The child, however, will not lie on the affected side. Warm-water injections and a leech give relief, while the use of Politzer's bag often is followed by an escape of pus from the eustachian tube. Paracentesis might be performed. The bones are sometimes removed by suppuration, which in four cases led to cerebral abscess. Sixteen of the cases were followed by mastoid suppuration, and in fifty-eight incurable deafness resulted. Rupture of traumatic origin is occasioned by "taking a header" in bathing, by boxing the ears, and by the practice of "knuckling," recently introduced from Germany. Violent sneezing, careless syringing, and explosion of cannons also rupture the drum. This class of cases usually does well.—*Med. Press and Circular*.

Eucalyptol.—Dr. P. H. Cronin writes in the St. Louis Clinical Record: In doses of four to six drops the oil excites increased action of the salivary glands and disagreeable eructations of gas, while in somewhat larger doses it is more easily borne. In full doses it usually produces vascular excitement and a degree of fullness of the head, or feeling of lightness, and an irresistible desire to keep moving, together with a remarkable suppleness of back and limbs. Applied locally, it causes considerable burning pain. The oil I tested as a local remedy, in the form of inhalation, for incipient and protracted catarrhal troubles on myself and others, with the happiest results, and I believe that all the virtue of the eucalyptus tree lies in the oil, for in no other way can we account for the fact that the tree itself is a remedy for malaria, while its products are, with the exception of the balsamic derivative, nearly powerless in that direction.

Dr. D. J. Leech commends citrate of caffein as a diuretic. We are aware from experience that it is diuretic, and as a remedy for sick-headache, nervous headache, and nausea we esteem it highly.—EDS.

Rectal Alimentation.—The following is an abridged summary of the conclusions of Dr. Potter, in the Medical Record, by the Medical Times and Gazette:

1. Rectal alimentation is a valuable and sometimes an indispensable agent when, from any cause, stomachal ingestion becomes hurtful or impossible.

2. There can not be the slightest doubt in regard to the adequacy of nutritive injections to sustain life and maintain the nourishment of the body, wholly unassisted by the ordinary means of ingestion, for a considerable period (from three months to five years), as attested by well-authenticated cases on record:

3. That rectal nutrition requires rather an explanation of its *rationale* than a demonstration of its truth.

4. That in a more enlightened understanding of its value and certainty of action on the part of the profession rectal alimentation and medication will obtain a wider range of therapeutical usefulness. Limited hitherto, speaking generally, to the severer forms of chronic diseases of the stomach and esophagus, it will soon become of vast service in the management of acute disease when, from any cause, the stomach becomes intractable and rebellious.

5. That the adequacy of rectal feeding can be fully accounted for in the recognition of the retrostaltic action of the intestinal tube, the "intestinal inhausion" of Campbell. In this manner digestion is as certainly accomplished as though the food came by way of the mouth instead of the rectum.

6. That a timely and systematic employment of rectal alimentation and stomachal rest, in cases where the stomach is so disabled as to render the ordinary means of ingestion harmful or impossible, is demanded alike by reasons scientific and humanitarian, and it can not for a moment be called starvation. Rectal alimentation, stimulation, and medication can be carried up to the point of affording the greatest amount of nutrition and support, and that wholly unassisted by any other means of ingestion.

7. That in many forms of disease stomachal ingestion is positively harmful, even though all food may not be immediately rejected. Such as is retained oftentimes undergoes decomposition, producing thereby fermentation, irritation, and distress, rendering it unfit for the purposes of nutrition, and finally the stomach expels the offending contents undigested. In such cases digestion is so disturbed as to render stomachal alimentation positively harmful, or even impossible, and its entire prohibition becomes at once a therapeutical factor of the greatest import.

8. That food sent upward through a healthy avenue, in good and sufficient quantities, will contribute with vastly greater certainty to the nutrition and support of the body than when it reaches the absorbents through a diseased and disordered digestive tract, with its juices chemically at fault and all its functions rendered morbid by pre-existing reflex or organic maladies.

Two Cases of Inversion of the Uterus.—Dr. Samuel Hague, Camberwell, in the British Medical Journal:

Case 1. Mrs. T., a primipara, aged thirty-eight, was delivered of a living child by means of Barnes's forceps. There was a fair but not an unusual amount of difficulty in bringing down the head. After the expulsion of the child the uterus appeared to be normally contracted and in its usual position above the pubes. The placenta was removed in the usual man-

ner, and came away without any trouble—my assistant, Mr. Dale, in the meantime making pressure over the uterus. The binder was just being applied, when a sudden outburst of hemorrhage occurred, the blood streaming away *pleno rivo*. Pressure was made over the abdomen, and cold water was dashed upon and about the pudenda without avail. I then introduced my hand, and found the uterus partially inverted, the globular fundus being within the os. It was easily reduced, and the hemorrhage ceased. Pressure on the uterus from without was continued. After a short interval the flooding set in again, and the uterus was again found to be inverted as before. It was reduced, the pressure was continued, and, for the third time, inversion took place. I now reduced the inversion, and directed the pressure on the abdomen to be discontinued. No further inversion took place; but, as the uterus did not seem well contracted, I placed my hand on the abdomen, over the neck of the organ, and gradually moved my hand upward toward the fundus, making gentle pressure all the time, and it soon assumed its normal size and feel, and the hemorrhage ceased. I should add that I had kept the interior of the womb and the vagina clear of clots, and had injected cold water. The woman made an excellent recovery.

Remarks. The first inversion which took place would probably usually be looked on as *spontaneous*, although it may have been caused by pressure on the abdomen. But there can, I think, be no doubt that its occurrence for the second and third time was caused by the pressure which was being made over the fundus; so that this favorite method of restraining hemorrhage may occasionally be the cause of flooding by producing inversion, as in this case.

Case 2. Mrs. W., a primipari, was delivered by Barnes's forceps of a living child. She had been very long in labor, and was becoming exhausted. The forceps was applied at the brim. After the birth of the child I waited about ten minutes before extracting the placenta, making gentle pressure on the abdomen. The after-birth came away quite easily. It was immediately followed by severe hemorrhage. I introduced my hand and found the uterus inverted. I reduced it without difficulty by gently pushing the fundus upward with the tips of my fingers, and there was no further trouble. The patient did well.

Irresistible Masturbation.—There is a state to which the term sexual inebriety might be applied, the feature of which is involuntary or at least irresistible masturbation (Beard, in the Independent Practitioner). Those who are afflicted with this symptom can no more restrain themselves than can the inebriate or the opium-eater. The passion sometimes comes upon these sufferers suddenly, almost instantaneously, and with a force that at once, like the incoming of a flood, carries all away before it—resolutions, modesty, and even fear of immediate pain. The authentic cases of this are most remarkable, and are of the highest psychological value.

Neurasthenic Voice.—The peculiar soft and uncertain voice (*Ibid.*) to which elsewhere I have applied the term atonic or neurasthenic voice, in men is usually connected with some form of genital difficulty, and recovers in proportion as there is improvement in the vigor of the reproductive system. I do not say that it is impossible for one to have this peculiar voice without any genital complication, but if there be such cases they must be exceptional.

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"DOES VIVISECTION PAY?"

In the July number of Scribner's magazine Dr. Leffingwell discusses the value of vivisection. How far humanity may be sacrificed for the benefit of science, or rather how far humanity must be sacrificed, that through an acquisition of science thereby humanity may be best served is a hard problem to solve. On the one side the enthusiasts of vivisection may say that knowledge is every thing, and that feeling has nothing to do with the matter; and at the other extreme the sickly sentimentalists may declare that knowledge purchased at the expense of suffering is nothing worth. Dr. Leffingwell has endeavored to strike the mean between these two extremes. Himself not only a doctor, but a student in experimental physiology under Milne-Edwards, Sequard, and other teachers of note, his opinions are not formed from hearsay alone. He acknowledges the debt which physiology owes to vivisection; that whatever may or may not be in store for the future, "all that we *have* we owe to this source." He concedes also the fact that as a means of instruction the experimental method is unsurpassed. Upon this last proposition, however, he pauses to consider "how far may one justifiably subject an animal to pain for the purpose of illustrating a point already known." "It is merely a question of cost," he says; and he asks, Does vivisection pay?" Does vivisection, in the way it is generally carried on in the schools at least, yield results in the way of

beneficial knowledge commensurate with the amount of pain which must, or at any rate does, accompany it? He shows that the outlay is considerable; that some of the experiments are necessarily conducted without anesthesia; and in many more, where this is used, the animal is allowed to waken and suffer before he dies, if death is to follow. And he shows from the testimony adduced before the British Commission the opinion of many notable physicians—Sir Thos. Watson, Burroughs, Paget, and others—that even physicians may be shocked at the cruelty which accompanies the conduct of vivisection; and, what is not so creditable, how many others may become entirely callous at inflicting pain.

All this, however, affects us as doctors no more than it does extra-professional people, but it is a matter of immense concern for us to consider whether our art is being advanced in this manner. Physiology owes its debt to vivisection, but does therapeutics? Dr. Leffingwell does not leave us in doubt as to his opinion at least. "Now I venture to assert," he says, "that during the last quarter of a century infliction of intense torture upon unknown myriads of sentient living creatures *has not resulted in the discovery of a single remedy of acknowledged and generally-accepted value in the cure of disease.*" And he further declares that, "If pain could be estimated in money, no corporation ever existed which would be satisfied with such a waste of capital in experiments so futile; no mining company would permit a quarter century of 'prospecting' in such barren regions." And he backs his opinion from the evidence before the Brit-

ish Parliamentary Commission. We quote him here at length:

Do we ask surgery? Sir William Fergusson tells us, "In surgery I am not aware of any of these experiments upon the lower animals having led to the mitigation of pain or to improvement as regards surgical details." Have antidotes to poisons been discovered thereby? Says Dr. Taylor, "I do not know that we have as yet learned any thing, so far as treatment is concerned, from our experiments with them (that is, poisons) on animals." Dr. Anthony, speaking of Magendie's experiments, says, "I never gained one single fact by seeing these cruel experiments in Paris. I know nothing more from them than I could have read." Even physiologists admit the paucity of therapeutic results. Dr. Sharpey says, "I should lay less stress on the direct application of the results of vivisection to improvement in the art of healing than on the value of these experiments in the promotion of physiology." The Oxford professor of physiology admitted that etiology had by these experiments been the gainer rather than therapeutics. "Experiments on animals," says Dr. Thorowgood, "already extensive and numerous, can not be said to have advanced therapeutics much." Sir William Gull, M.D., was questioned before the commission whether he could enumerate any therapeutic remedies that have been discovered by vivisection, and he replied, with fervor, "The cases bristle around us every where!" Yet, excepting Hall's experiments upon the nervous system, he could enumerate only various forms of disease, our knowledge of which is due to Harvey's discovery, two hundred and fifty years ago! The question was pushed closer, and so, brought to the necessity of a definite reply, he answered, "I do not say at present our therapeutics are much, but there are lines of experiment which *seem to promise* great help in therapeutics." The results of two centuries of experiments, so far as therapeutics are concerned, reduced to a seeming promise!

Dr. Leffingwell is therefore of the opinion that vivisection in America should be put within restraints as obtain in Great Britain, and he suggests certain propositions as a base for future discussion. These are:

1. *Any experiment or operation whatever upon a living animal, during which by recognized anesthetics it is made completely insensible to pain, should be permitted.*

2. *Any experiment performed thus, under complete anesthesia, although involving any degree of mutilation, if concluded by the extinction of life before consciousness is regained, should also be permitted.*

3. *In view of the great cost in suffering as compared with the slight profit gained by the student, the*

repetition for purposes of class instruction of any experiment involving pain to a vertebrate animal should be forbidden by law, and made hereafter a penal offense.

4. *In view of the slight gain to practical medicine resulting from innumerable past experiments of this kind, a painful experiment upon a living vertebrate animal should be permitted by law solely for purposes of original investigation, and then only under the most rigid surveillance and preceded by the strictest precautions.*

It would be well for physiologists and physicians to read Dr. Leffingwell's paper, which is admirably written, and upon the whole discusses its question fairly. It is a little overwrought in some points, we think. The torture of "unknown myriads of sentient creatures," for instance, is not strictly mathematical. If the census of the rabbits, the guinea-pigs, the pigeons, and the frogs which have yielded their blood and nerves to science within the last "quarter century," during which time these hosts have been supposed to suffer, could be taken, it would be infinitely more disappointing than that of the ambitious cities which has just been counted. The fact is, there are probably but a few dozen physiological laboratories in the whole world, and that in America active experimenters could be easily enumerated on one's fingers. The pigeons sacrificed in the late "tournament" in this city, and the rabbits that will fall victim to the painful snares of Kentucky youth alone during the coming winter would, we take it, glut the physiological market for years to come. So the immense public which reads Mr. Scribner's Monthly—gaining, perhaps, an impression from Dr. Leffingwell's paper that doctors while away their leisure in viewing "what it costs a tortured brute to die"—will not have a fair opinion upon the subject.

We could have wished, too, that Dr. Leffingwell had improved the occasion of reading a lesson to humanitarians who might be shocked at doctors' work upon their own shortcomings in the way of painful sports, the mutilation of horses for fashion's sake, and so forth; that while he was about it he had told how in numberless instances doc-

tors had not hesitated to make experiments upon themselves at the cost of suffering and health, and even life, to find out truth for humanity's sake.

As regards the little advancement in therapeutic art which has been brought about by vivisection or physiology (as this last has leaned almost entirely upon the other), we confess to a little mental cowardice in expressing an opinion. As the learned judges sometimes say, "we take the matter under advisement." The counsel who has spoken has certainly presented a strong case, but we await further argument; all the more so because we may have been suspected from former opinions to lean toward the views expressed by Dr. Leffingwell.

Concerning the remedies proposed by Dr. Leffingwell for the abuses of vivisection, they strike us as being upon the whole practical and just. An additional remedy occurs to us in the forced substitution of noxious animals in physiological experiment. We believe that not only would the lay but the professional mind be delighted if they would give the guinea-pig a rest for a while and try the rat; and if, in addition to this change, the day should come when physiology can utilize to any extent the mosquito, the house-fly, the cockroach, and the candle-bug, even the followers of Mr. Bergh will rise up and call it blessed, though "unknown myriads" are made to suffer in its cause.

WITH the last number the NEWS entered its tenth volume. It has long since demonstrated its right and capacity to live, and is an established fact. That portion of the profession to which it had a right to look for support has responded handsomely. It has, we believe, with one exception the largest subscription-list of any medical periodical in the South, while in advertising patronage it is seemingly far ahead of its competitors. We publish elsewhere a long list of exceedingly strong testimonials (for which we are very grateful), and we have sent them to a great number of doctors—fifty thousand, in-

deed—in search of additional readers. We hope our friends will aid us in the matter. We will freely share our increased prosperity with them, and promise them a better and at the earliest opportunity a larger journal, and, if there be any thing in energy and efficient help, a journal which no doctor ought to do without.

A SOMEWHAT CROWDED PROFESSION.—In the "Sherley Will Case" before the Louisville Court the other day, in reviewing the medical testimony, Colonel McKay, one of the counsel for the will, remarked upon the number of doctors in the world, and said that down "in his country, between the hills and the river, they are so thick that two had to ride one horse; and that, a flatboat having been stranded in the river one night, the next morning three doctors' signs were hanging out from its sides." We had wondered why the Colonel, who was himself once a "steam"-doctor, had quit the profession.

It was the Philadelphia Record newspaper which trapped and bagged John Buchanan, the infamous diploma-monger. The Philadelphia medical journals and the legitimate schools of that city were not "Jacks-Tens" in the matter. The fact is, there is great danger that the medical press and educational establishments in a certain quarter will perish between dignity and dullness. We thank the Philadelphia Record sincerely from our end of the line.

It gives us great pleasure to announce that the governor has appointed Dr. George T. Erwin, of Danville, assistant physician of the lunatic asylum at Anchorage. The appointment is not only personally gratifying, but we think we can promise for Dr. Erwin that he will use his position for the best interests of the unfortunates who come beneath his care, and for the furtherance of the all-important specialty to which they belong.

Original.

A CASE OF ACUTE OSTEITIS.

BY M. DILLS, M. D.

Mr. S. L. R., clergyman, formerly of Louisville, aged sixty-two years, previous condition without any symptoms of disease up to September, 1879, when he began to suffer slightly from weakness, as he expressed it, which continued to grow worse till he was finally compelled to give up his field of labor. This was about the middle of January last, when he consulted me as to his condition.

I give a synopsis of his case up to this time, and trust it may be of sufficient interest to call the attention of some of the profession as to their experience in cases of this kind. I shall reserve my comments *in extenso* until further developments in the case, when I hope to give a more complete analysis of it.

On external examination of body I found the following appearances: First, two soft tumors the size of a fist on right side between the fourth and seventh ribs; tumors distinct and about two inches apart, in a line perpendicular with the body. No tenderness of tumors, no pain, one of the tumors seeming soft and slightly fluctuating. I explored it with the aspirator, but found no matter of any kind. The left side presented a large tumor involving shoulder-joint, which was enlarged to size of double fist, extending about two inches below head of humerus, and two thirds way inward of clavicle at sternal end of clavicle just over the articulation, another tumor the size of a hen-egg, soft but painless. The consistence of the tumors as to softness was about that of ordinary putty. The clavicle had been fractured, I learned from patient, several years previously, about an inch and a half from sternal end. The fracture at this time was easily detected, the parts riding over each other. Patient states that perfect union of the fracture took place, which was corroborated by his attending physician, Dr. Stitt, of Millersburg. This, in brief, was the condition of patient upon external examination at this time.

Examination of lungs revealed lower lobe of right solidified; respiration 20; pulse 80; little elevation in temperature. Patient easily exhausted by the slightest exercise; had lost in two months twenty pounds of flesh; appetite normal; digestion unimpaired; profuse

night-sweats. He took his bed on the 1st of February with the above symptoms—every indication of a speedy dissolution. About the 10th or 15th of February a severe pain set up in the middle of left humerus of such severity that an opiate was necessary for a fortnight; pains of a severe cutting character, exceedingly tender to the touch, and complete inability to move the arm or bear it moved. Various applications were made to parts without any favorable results. No redness or swelling of arm after about a fortnight, when the pain began to cease, and as soon as arm could be manipulated it was found to be divided at a point where the pain had been so severe. The arm was treated as an ordinary fracture. Softening of the bone continued until a second fracture occurred in lower third of the bone. There seemed to be entire destruction of the bone between these two points. The arm was kept well secured, and patient being already upon a preparation of hypophosphites, the bone began to harden, and in four weeks there was a complete restoration of the bone, and the patient now uses his arm to a considerable extent.

Tumors before mentioned have changed but little in their appearance, except those of shoulder and sternal end of clavicle, which have run together and formed one large tumor. Pieces of the clavicle can be detected floating in the tumor, or rather lying near the surface. The clavicle is entirely broken up, no outline of it whatever.

As to the progress of the lungs, I will state that there has been little change. Indeed since the external trouble there seems to have been a decided arrest of the disease in the lungs.

About four weeks since patient had a molar tooth of the left lower side extracted; a tumor followed this, and has continued to grow until the present time, interfering to some extent with mastication. Patient's appetite continues good; night-sweats disappeared; no cough nor expectoration; family history free from any hereditary diathesis; no affection of glandular system, as the case might indicate.

These, in brief, are the principal points in the case, and from the complications and the present improvement of the case, it is of great interest to me, and I trust may be to the profession, in showing the complications that may occur in this disease. I see no hope of permanent recovery; but the patient for two weeks has gained some flesh and considerable strength. Treatment has been

hypophosphites (Churchill's fer.), food, fresh air, atropia for night-sweats, morphia to produce sleep, etc.

I would state in regard to the latter drug that I have found more decided improvement in phthisis from its judicious use than any other particular remedy. Its stimulating and preserving effects are marked. The bowels have shown some disposition to diarrhea, but easily controlled.

I have given as briefly as possible, and I trust clearly, the history and symptoms of the case, and hope to be able to develop more light on it in the future, and I shall be glad to have an opinion in regard to it from some members of the profession.

CARLISLE, KY.

Correspondence.

To the Editors of the Louisville Medical News:

In the NEWS of April 24th the article on Milk-sickness, by H. K. Pusey, M. D., calls to mind very forcibly the observations and experience of my earlier years. I was born and lived until twenty-three years of age in a milk-sick locality, on the Ohio River (Mt. Vernon, Ind.). The cause of the disease, whatever that might be, was known to exist within two miles of town, and in very dry seasons the disease was quite prevalent. Cattle, particularly the young, very often died. Hogs would eat of the carcasses with impunity, while dogs were quite sure to be affected with the disease.

Your correspondent is very correct in his delineation of the symptoms and etiology of the disease so far as is known. An old physician long resident of that town had gained considerable reputation in the treatment of the disease, hence most of the cases fell into his hands. Just exactly his treatment was hard to find out; but I gained sufficient to enable me to adopt a treatment that was successful in all the cases I had before leaving Indiana, in 1854, which were but few, and five cases only after coming to Illinois, except one which I saw but a few hours before death. What might have been my success upon a greater experience I can not say, as I have not since lived in a milk-sick locality.

My treatment was very simple. The indications were, (1) to allay the excessive irritability of stomach, (2) to open the bowels and keep them lax, and (3) to sustain the strength of the patient. The first was most

effectually accomplished by the oft-repeated doses of the effervescing soda powders and small lumps of ice swallowed; the second by copious injections of salt (chloride of sodium) and water, frequently repeated; and third, by a strictly liquid diet, with, when necessity required, an occasional dose of brandy. The more irritating cathartics by the mouth and opiates were, in my judgment, worse than useless.

In those days there was no medical literature on this disease, and very little since that is satisfactory. The disease is local and depends entirely on local causes. The fact, then, as is noted by your correspondent, that it prevailed only in dry seasons, and that cows kept inclosed in the morning until the dew was off the grass were exempt from the disease, seemed to conclusively prove that it was some mineral poison that was exhaled with the dew.

E. E. WELBONE, M. D.

HOYLETON, ILL.

Reviews.

Prolapse of the Ovaries. By PAUL F. MUNDÉ, M. D., New York. Reprint from Gynecological Transactions, Vol. IV, 1880.

This much-neglected subject in gynecology the author has here prepared in a most comprehensive and interesting manner. It is the more worthy of praise because of the fullness of the paper despite the short time allotted to its preparation; besides this the bibliography is unexceptionably interesting. Out of sixteen hundred unselected gynecological cases Dr. Mundé found one hundred and forty-five, or nine per cent, with prolapse of one or both ovaries. The prolapse was about three times oftener on the left than on the right side. One hundred and thirty-nine were married, and one hundred and thirty-one of these were parous.

A few of the ten deductions formulated from this paper will not be uninteresting.

In by far the greater number of cases the displacement is backward into Douglass's pouch.

The normal, not markedly enlarged, ovaries frequently prolapse, either in consequence of retro-displacement of the uterus, sudden physical shock, puerperal subinvolution, or menstrual congestion.

Their prolapsed condition causes normal ovaries even in time to become hyperemic, hyperplastic, and hyperesthetic, partly from vascular obstruction, and partly from the in-

juries to which they are subjected during defecation and coition.

The symptoms of displacement, of hyperemic and inflamed ovaries, while vague in a diagnostic sense, are frequently agonizing in the extreme and entirely out of proportion to those experienced during ordinary uterine disease.

The diagnosis of ovarian prolapse is exceedingly easy to the practiced touch per vaginam, rectum, or by conjoined manipulation.

The treatment consists in replacing the organs manually or by position, or by replacing the uterus if displaced, which is readily possible if the ovaries are not adherent, and then by retaining them in position by tampons or properly and peculiarly constructed pessaries adapted and molded according to the needs of each individual case.

If the ovaries are adherent, the treatment resolves into antiphlogistic and narcotic measures. In case of great local or constitutional disturbance the last resort of their removal may be suggested and adopted.

The discussion which followed was unusually full, and elucidated a few of the points brought forward in the original paper.

I. Fibro-sarcomatous Tumor of the Uterus—Operation—Recovery. II. Cancer of Rectum—Excision—Recovery. By JOHN BYRNE, M.D., M.R.C.S.E. Reprint from the Annals of the Anatomical and Surgical Society, Brooklyn, Vol. II, 1880. New York: G. P. Putnam's Sons.

Case 2, Epithelioma of the posterior wall of the rectum, extending up as far as the finger could reach, presents two noteworthy facts: the recovery *from the operation*, which was exceedingly bloody, and the patient's ability to control the sphincter. Case 1 was on the table for two hours without any anesthetic.

Kolpo-cystotomy by Electro-cautery, with Remarks on other Methods of Operating. By JOHN BYRNE, M.D., M.R.C.S.E. Reprint from Gynecological Transactions, Vol. IV, 1880.

This operation for the cure of chronic cystitis seems to us one of those procedures for which gynecologists are beginning to have as little taste as for kolpoplekthis in the treatment of vaginal fistula; and though as excellent a gynecologist as Dr. Byrne favors the application of the *galvano-cautery* in preference to the thermo-cautery, we must express the belief that he differs materially

from the views entertained by other specialists after years of experience with the galvano-cautery. Permanent drainage by means of the Skene-Goodman catheter is certainly preferable to kolpo-cystotomy or any other cystotomy. As to the use of injections for the cure of chronic cystitis, there can be no doubt that they more frequently fail than they succeed in benefiting; but this may be due to the same reason that Dr. B. is so successful in the treatment of these cases by his method; namely, the skill of the surgeon.

Books and Pamphlets.

THE PROPER PERIOD FOR THE PERFORMANCE OF AMPUTATION IN CASES OF TRAUMATIC INJURIES. By B. A. Watson, M.D., Surgeon to the Jersey City Charity and St. Francis hospitals, Jersey City, N. J.

FURTHER CONTRIBUTIONS TO THE STUDY OF FRACTURES OF THE INFERIOR EXTREMITY OF THE RADIUS. Differentiation of Longitudinal and Transverse Fractures, and the Causes which produce them. By L. S. Pilcher, Brooklyn, N. Y.

SPEECH OF HON. W. H. WADSWORTH IN THE GREAT LIBEL SUIT OF GREEN VS. HARGIS. Louisville: Bradley & Gilbert. 1880.

This is an extraordinarily strong statement of Mr. Green's side of this remarkable case. When one reads the speeches and controversial documents of the doctors of law and of divinity, one ceases to wonder at the popular belief in the inability of doctors to agree.

Pharmaceutical.

ABDOMINAL SUPPORTERS.—The abdominal corsets of Mrs. Cyrene Smith will be found of immense service in a number of cases. In obesity, in pregnancy, and in uterine displacements they are of great value. In uterine displacements, upon the theory of Dr. Cowan, of Danville, they are worth all the pessaries. In many hernias, notably in umbilical hernia, with the special attachment made for such cases, they are superior to the ordinary truss. It is a matter of wonder why the abdominal supporter is not in more general use. It contributes in numberless instances to shape and comfort far more than the ordinary corset, and does not so displace the viscera. We speak from experience when we commend the manufacture of Mrs. Smith as being unsurpassed.

Miscellany.

COLD WATER.—From J. Forsyth Meigs's clinical lecture on Water for the Sick:

There is a curious and active prejudice in the public mind against the free use of water, as a drink, under certain conditions; and this prejudice sometimes extends to the sick-room, without, perhaps, the knowledge of the physician. Many laboring people fear to use water freely when the body is heated by work. At the very moment when this is fast losing its fluids, during labor in hot weather, by sweating and by rapid evaporation from the lungs and skin, the laborer is afraid to drink, lest he may chill, as he says, his stomach, or injure in some mysterious way his desiccated body. The jockey refuses his panting horse, streaming with sweat and exhausted by heat, the water absolutely necessary to maintain the due fluidity of the blood and tissues. This latter prejudice is giving way, I am happy to see, under the teaching of the modern veterinary surgeons, who have been instrumental in introducing the practice of watering the horses on our city railroad routes, once or twice on each route, in hot weather. . . .

When I was a boy twelve years of age I was sent, with two of my brothers, into the country, to a farm in New Jersey, for the August holidays. We were alone, under the care of the farmer's wife. One of my brothers was seized with a fever, and a neighboring physician was sent for. He ordered some blue pills or calomel, and told us all that the child must have no water, lest it might interfere with the action of the remedy. That hot and fevered body, which was evaporating its water from the lungs and skin at a far more rapid rate than in health, must have no new supplies of fluid lest the pill might be incommoded in its action. The only safe guide as to the amount of drink the patient needed, the thirst, must be rudely set aside. He moaned and cried for water. We were afraid to give it. In two days our mother arrived from home. So soon as she heard the story of the illness she began to administer draughts of cool water in such quantity as could be taken with ease and satisfaction. The doctor came, and, hearing of her action, was in high dudgeon. "Doctor," she said quietly and politely, "my husband is a physician, and always allows, indeed directs me, when my children are ill, to give them all the cool water they desire." He left the house in a passion. The next

day the patient was removed home, where he recovered without any evil consequences whatever.

EXTRACTING TEETH AND PUTTING THEM BACK INTO THE JAW—HOW DENTISTS DIFFER.—W. Donald Napier says, in the *Lancet*: I do not hesitate to assert my own conviction that a tooth can not be replaced after extraction under the most favorable conditions without the sequel of periostitis, which will differ in intensity according to the health and constitution of the patient, and at times involve grave complications, tedious in duration, and too varied in character to admit of enumeration in detail. When the conditions are unfavorable—as, for instance, if the tooth has been detached from the jaw sufficiently long to cause extinction of the vitality of the enveloping membrane, for which occurrence half an hour would, to the best of my belief, suffice under manipulative treatment—but one result may be looked for, viz. the expulsion by natural processes of what has now become a foreign substance. It is, of course, well known to me that there are instances in which teeth displaced by accident have been immediately, with infinite labor and corresponding suffering to the patient, reinstated, with results more or less permanently prosperous.

Dr. Douglas A. Reid says a lady, skating in December last, fell on the ice. One of her upper incisor teeth was knocked out, the fang, a long one, being entire. Her husband, after raising her, picked up the tooth, cleaned and wiped it, and put it in his pocket. A young lady hearing what had happened, strongly advised the gentleman to put the tooth back in its socket. He did so with some difficulty, and the tooth is now, six months after the accident, firmly rooted and of its natural color. About ten minutes elapsed from the time the tooth was knocked out until it was replaced.

THE VITALITY OF BACTERIA.—Billroth is not an enthusiast for the spray. He thinks it more trouble than it is worth, and says he does not expect to use it next term. He considers the Lister dressings sufficient. He says you can soak bacteria in a two-per cent solution of carbolic acid for forty-eight hours and not destroy them. I saw him lately open a knee-joint without it. During the early part of the winter good results were claimed for it, but during the last two months every thing has been unfavorable.—*St. Louis Courier of Medicine's Vienna letter.*

"THE SLEEPING GIRL OF TURVILLE."—Mr. Henry Hayman, F. R. C. S. Eng., of Stokenchurch, Oxford, sends us the following communication on this interesting case (*Lancet*): "Between nine and ten years ago I was called to attend Ellen Sadler for an ordinary case of illness, from which she did not soon rally. The parents being very poor, the vicar asked me to allow her to be sent to the Reading Hospital, where she seemed to become gradually worse, and after being there eighteen weeks was discharged as incurable. She was not in a cataleptic state immediately, but soon after her return home she was seized with a fit, and after the paroxysm had subsided she turned round on her side, with her hand under her face. The mother has assured me that she never (of herself) changed from that position, and I am bound to say that I have frequently gone up stairs without a moment's warning and never found her otherwise. The fit occurred on March 17, 1871. The girl was twenty-one years of age on the 15th of May last. The case has been visited by numerous medical men from all parts, and, I believe, without any exception, with more or less of scepticism. I was often told by the deceased mother that the reason she objected to her child being handled or touched much was 'because the doctors used to have pins or needles *secreted* to test her powers of feeling.' At the early stage of her illness I wanted to apply galvanism, but this was strenuously opposed by the parents. Every effort has been made to discover the deception, if any, but without effect. The late home secretary was applied to, I believe, and he communicated with the senior magistrate of the district, but as the girl was not represented as a 'fasting girl,' and the parents never asked for any donation when showing her (although it is supposed, in the summer, as much as £2 a week had been received by them), there was no room for interference by the law. When last I had communication with the deceased mother on the subject she assured me that nothing had passed the bowels of the patient for five years, but about every fourth day a somewhat large amount would pass from the bladder."

[One would suppose that if the "deceased mother" communicated at all with Mr. Hayman, she would have immediately explained the whole mystery. The "deceased mother's" silence on this interesting subject must have either been due to the proverbial female contrariness or to the possible circumstance that dead women, like dead men, tell no tales.—EDS.]

VIVISECTION IN GERMANY.—The Medical Times and Gazette informs us that Professor Virchow, speaking the other day at the committee to which the petitions to the German Reichstag against vivisection were referred, observed that the agitation was not only against vivisection, but endangered the entire experimental method. As heretofore, Harvey's discovery of the circulation only became possible by means of experiments and researches made on living animals, so at the present time they are necessary in physiology, pathology, and pharmacology, neither research nor instruction being able to dispense with them. Many branches of science could not be carried on without them, and especially the physiology of the nervous system. In England the laws against vivisection have done so much mischief, he added, that since their enactment no physiological work of any importance whatever has been accomplished. The committee resolved to propose an order of the day declaring that, in the interests of physiological inquiry, it is indispensable that vivisection should be carried on in educational institutions.

A NEW METHOD OF COATING METALS.—We understand that Prof. J. E. Reynolds, of Dublin, has discovered a new method of coating metals without the use of the electric current. He exhibited some specimens at the Royal Dublin Society last week, and "plated" a brass tube and one of glass with a brilliant, strongly-adhering film of galena, simply by immersing them in the solution. The cost of the process is said to be about one eighth that of nickel-plating. Some articles have been exposed to the action of the atmosphere for several weeks without the deposit showing any signs of tarnish or rust. The process is protected by patents.—*Med. Press and Circular*.

INTRA-UTERINE VACCINATION.—From Boston Med. and Surg. Jour.: Dr. A. E. Burckhardt (*Deut. Archiv. für Klin.*) gives the result of some experiments made in hospital at Basel. During the years 1877 and 1878 he revaccinated twenty-eight pregnant women. Only eight of the children of these women were available for future experiment. Four children were then vaccinated whose mothers had not been vaccinated during pregnancy, and in every case perfect pustules were produced. With this same lymph, whose efficacy had thus been proved, he vaccinated the eight children of the mothers who had been vaccinated during preg-

nancy. The results were as follows: The children of four women whose revaccination during pregnancy had been perfectly successful were found to be insusceptible of the vaccine lymph. The children of the two women whose revaccination during pregnancy had been only partially successful were also found to be proof against vaccination. Of the two children whose mothers had been unsuccessfully revaccinated during pregnancy, one was vaccinated successfully and the other failed. These experiments of Dr. B., although few in number, agree with the results of Rickett, who inoculated about seven hundred ewes during the last few weeks of gestation. Their lambs were inoculated when five to six weeks old with sheep-pox lymph with no result, although at the same time thirty-six lambs whose mothers had not been inoculated were all successfully operated on and had true pustules.

“RAILWAY SPINE.”—In the Queen’s Bench, Dublin, June 5th (Lancet), a dentist claimed from the London and Northwestern Railway Company £8,000 damages for injuries received in a collision at Holyhead last December. The medical evidence, as usual in these cases, was of a most conflicting nature, several surgeons believing that the plaintiff had sustained concussion of the spine; while others were confident that it was only a severe nervous shock, and that after a little rest and relaxation he would be as well as ever. The jury, after a short deliberation, returned a verdict for the plaintiff for £1,750.

Selections.

Acute Edema: Beri-beri.—Excerpts from the paper of Sir Joseph Fayrer, M. D., F. R. S., in Medical Times and Gazette:

In the year 1877 a disease appeared in the southern suburbs of Calcutta during the rainy season, and was again observed over a large area of the same suburbs and in some villages to the east of Calcutta in 1878. It subsided as the cold weather advanced. The same disease prevailed in Dacca in January and February, 1879, and appeared at Shillong, in the Cosyah Hills, in October, 1878. Dr. O’Brien states that two hundred cases had occurred in that station, and that new cases were appearing daily. He believed that it was imported from Dacca, and records that it prevailed in Cachar, Sylhet, the Cosyah Hills, and some of the stations of Assam proper. This statement is confirmed by Dr. Nairne, of South Sylhet, who reported that it prevailed in August and September. . . .

The rate of mortality given by the town figures is about twenty per cent, and by the suburban about

forty-four per cent. These figures are not, however, entitled to more reliance than to indicate that the mortality is considerable in relation to cases, though slight in relation to population.

Dr. McLeod, who appears to have investigated the subject with much care and skill, summarizes his observations as follows: He says it attacked houses in a village in a promiscuous way—those affected being mostly scattered throughout the locality, and not necessarily contiguous. As a rule, several or all the members of a household have been seized, single cases in a family being exceptional. The attacks occurred simultaneously or in rapid succession, as if from the operation of a common cause. The seizure of different houses in a village seems to have occurred about the same time. The disease, when the investigation was made, appeared to be dying out. He summarizes the symptoms as follows: Swelling of the limbs (the lower most) and the body occasionally. Fever sometimes before, sometimes after, the swelling; in some cases absent. Bowel complaint in many cases, diarrhea most commonly, dysentery in a few. Burning and pain in the affected limbs at the commencement; shortness of breath, cough, and palpitation, great emaciation, exhaustion, and anemia in severe cases, well marked in all. The duration of the disease appears to be about two months in cases of average severity, leaving the sufferer greatly enfeebled. In fatal cases there is great disturbance of respiration and circulation; and death is generally sudden. . . .

This disease, which is familiar to English writers as beri-beri, is best known in Southern India and Ceylon. It is endemic on the coasts, extending inland forty to sixty miles, especially in the Northern Circars, Ceylon, and on the Malabar Coast. It occurs also occasionally in other parts of India. . . .

On the West Coast, and in other parts of Africa, it is known as the “sleeping sickness;” and Biermer has described a pernicious form of anemia which seems to be identical, or nearly so, with it in Europe.

Rankin thought it was a result of renal disease, but there is no evidence that I know of to show that it is so, or due to structural change in any of the viscera. Morehead considered that it might have a scorbutic origin. It is probable that malarious cachexia, when accompanied by exposure, privation, and exhaustion of the vital powers, may have something to do with it.

The phenomena of beri-beri are those of anemia and general dropsy—edema and pain of the limbs and body generally, numbness, heaviness, loss of power, sometimes paralysis, dyspnea, palpitation, irregular action of heart, anemic cardiac murmurs, small, quick pulse, dryness, and heat of skin, appetite impaired, torpor of the bowels; urine may be scanty and high-colored, specific gravity 1.020 to 1.040, no albuminuria as a rule. According to Horton (Africa) and others, excessive drowsiness and stupor attend some stages of the disease. The tongue is pale and flabby, the mucous membranes are pallid, there is occasionally hemorrhage from the stomach or bowels, patechial eruption, diarrhea, an anxious expression of the countenance, which is puffy, swollen, and sometimes livid; a peculiar tottering gait.

The disease presents itself in the chronic and acute form; rarely, it is said, in either form until after exposure of some months to the exciting causes. I have described the general symptoms, and it remains only to say that it frequently assumes a lighter and modified form, with anemia, numbness, a certain amount

of pain in the limbs, anxious expression of countenance, disordered bowels, scanty urine, cold skin, and feeble, irregular pulse, palpitations, nervous depression, puffy face and neck, or unsteady gait in walking. There is also in some of the cases a peculiar burning of the feet, which is very distressing.

The acute form of beri-beri has often very severe symptoms, and the rate of mortality from it is very high, second only to that of cholera. There is rapid general anemia, and dropsy of cavities and areolar tissue, scanty urine, constipation, weak and irregular pulse, intense precordial pain, hurried irregular respiration, occasional vomiting, sometimes of blood, swelling of limbs, numbness, pain, paralysis, preceded by a feeble, tottering gait, pleuritic and pericardial effusion, and death, either from syncope or, as I should think, from cardiac or pulmonary embolism in a few days. In this acute form, as I have said, it is very fatal, but in the milder and more chronic form recovery is frequent. . . .

The recent discoveries in regard to the presence of certain micro-organisms in the fluids and tissues may not be without significance in this disease. In such records as I have seen of the morbid anatomy, it would appear that there was general effusion of serous fluid in the areolar tissue and tissues generally. All were alike soaked with watery effusion, and were soft and degenerate; the muscular fiber fatty and feeble, especially the heart, which was often enlarged and dilated; kidneys softened, enlarged, and anemic. But though hepatic, splenic, or renal complications may exist, intensify the severity, and hasten the progress of the general symptoms, they are not essential concomitants of the disease, but appear to originate in the spanemic state of the blood, and to be kept up by its progressively imperfect elaboration. The resulting partial starvation of the cerebro spinal centers and the consequent nutritive changes, sufficiently account for the paralysis which in some cases characterizes the disease. . . .

Obviously the indication for treatment is to promote removal of edema, to regulate the functions of the abdominal viscera, increase the action of the skin, and to give tone and vigor to the muscular fiber, appropriate diet, careful hygienic arrangements, change of locality, and such remedies generally as will tend to improve the condition of the blood and invigorate the system.

Therapeutic Notes, with Especial Reference to the Treatment of Phthisis by Chloride of Calcium.—James Sawyer, M. D., M. R. C. P., in British Medical Journal.

A great deal of the art of therapeutics as it is practiced among us is unwritten. We are sometimes shy about telling what we do for our patients, because we have not courage to brave the risk of being thought commonplace. Useful as are our meetings, I believe their profit would be much increased if members would more frequently bring forward and compare their therapeutic experiences. Those of us who are in earnest and who believe that therapeutic art—an art which includes but is much more than the administration of combinations of the *materia medica*—can powerfully modify morbid processes and can powerfully aid the *vis medicatrix naturæ*, and who think of what we do, have done, have not done, and shall do for our patients, must be constantly arriving at conclusions, as the result of observation in our own practices, which modify, confirm, correct, extend or suggest extensions of what I may call our therapeutic

conduct. These conclusions may not be able to bear the test of an exhaustive logical scrutiny; perhaps they are no less true, perhaps they are not more true, than John Wesley's belief that sulphur did his rheumatism good (Wesley was probably right in his opinion, notwithstanding the ridicule of Mill, and that grand logician's brilliant exposition of the strict logical limitations of a therapeutic inference); but if these conclusions, which we must be constantly forming for ourselves, are accepted by each of us as reasonable and responsible men as guides to our therapeutic action, they are as worthy of communication to our brethren, and I believe they are as interesting to them as the inspection of a rare case with striking objective manifestations, the demonstration of a pathological specimen, the description of a new operation, the exhibition of an ingenious instrument, or an elaboration of surgical statistics.

Have we a remedy for phthisis? We now know that the term chronic pulmonary phthisis includes a variety of pathological conditions and a variety of textural lesions in the lungs which have long been recognized as distinct, which recent research has done much to unravel, and about which we may still expect to learn more. We know the differing clinical and pathological courses of tubercular phthisis, unresolved lobar pneumonia, chronic catarrhal lobular pneumonia, and pulmonary cirrhosis. All these are included in the generic name phthisis.

When I say have we a remedy for phthisis? I mean, have we a remedy for this allied group of conditions, due to varying pathological changes, but marked in common by progressive wasting of the body, by progressing asthenia, by progressing diminution of respiratory capacity, and by fever of a hectic type. Every case of phthisis requires special study, and can be treated by no rule-of-thumb practice because it is phthisis. In one case anemia is prominent and calls for iron, perhaps for arsenic; in another continued but small hemoptysis calls for ergot or hamamelis; in another a racking and frequent cough calls for opium, morphia, or codeia; in another dyspepsia calls for alkalies, or acids, or bitters, or pepsine; in another nervous unrest calls for bromides; in another laryngeal troubles call for special local medication; in another we have to aim at controlling excessive sweating or checking an exhausting diarrhea.

Apart from these and other particulars, I suppose we are all agreed that cod-liver oil, given alone, or variously combined with other agents which tend to promote its assimilation, as with ether, as suggested by Dr. Foster, stands at the head of remedies calculated to promote the general nutrition of the phthisical.

Have we any other general remedy? For a long time I trusted to syrup of the iodide of iron. This I gave up for a mixture of hypophosphites and iron—five grains of hypophosphite of lime, ten grains of hypophosphite of soda, and fifteen minims of syrup of the phosphate of iron for a dose. This is a good combination, and I still use it. But chloride of calcium is my favorite drug. I have used it for some years in hospital and private practice, and I believe with great advantage. Perhaps you will say, Do you give it alone? I do not. I give it with cod-liver oil, or with cod-liver oil emulsion, or with morphia, or with ergot; but my general impression is *quantum valeat*, that I get better results with chloride of calcium with these combinations than I do with any thing else in the same combinations. My attention was called to

the value of chloride of calcium in phthisis by a paper in one of our medical journals, wherein it was stated that the drug was much used by the late Dr. Warburton Begbie. Scarcely mentioned, if noticed at all in books on drugs, chloride of calcium has an old repute for the cure of strumous glandular swellings.

In phthisis I give ten grains dissolved in a dram of water and mixed with a dram of glycerin, in a wineglassful of milk twice daily immediately after meals. I think it tends to check night-sweats, to cause increase of weight, and to dry up pulmonary lesions. Of course I do not maintain it does these things in all cases. What I have stated are general conclusions, open, I am aware, to objection on the ground of their insufficient logical basis, but conclusions which have been and are for me grounds of therapeutic conduct. In prescribing chloride of calcium we must be careful to write the name of the drug distinctly and in full, in order to avoid an error from which one of my patients suffered, namely the substitution of "chloride of lime."

On a Neglected Symptom in Breast-cancer.

By Herbert L. Snow, M. D., in the *Lancet*.

I desire to call attention to a symptom which very commonly occurs in the course of breast-cancer, and on which, I think, sufficient stress has not hitherto been laid.

I refer to a thickening of the humerus on the side corresponding to the diseased gland, accompanied by tenderness on pressure. This condition obtains mainly over the trochanters and the upper third of the bone. On firm pressure the patient complains of tenderness, which tenderness extends for a variable distance down the shaft beyond the part where thickening is apparent. The tenderness and thickening rarely interfere with the movements of the arm, and are never noticed by the patient before examination; they are only detected by digital pressure and comparison with the humerus on the opposite side. Occasionally, but not often, there is also some thickening of the clavicle. The condition never advances to any very marked hypertrophy.

These symptoms are found in the majority of cases of ordinary breast-scirrhous comparatively early in the course of the disease, and simultaneously with commencing enlargement of the axillary glands. I have lately operated on a case of four months' (stated) duration, in which two axillary glands were about the size of a horse-bean; the others, all of which were removed as far as possible, and being not manifestly affected, yet there is already some thickening of the humerus, with tenderness extending down half the shaft. The bony thickening thus appears, as a rule, long before edema of the arm. When that has supervened the condition of course is completely masked, and when it takes place, as in a few cases comparatively early, may not be noticed at all; though I believe that it is an invariable concomitant of the disease sooner or later. I may add that in a few cases the tenderness on pressure is more obvious than the bony enlargement.

I have not yet had an opportunity of examining microscopically one of these cases before it has run its usual course and the brawny edema of the arm has set in. After death with such a condition I have found the medulla of the affected bone red in color and completely composed of nearly spherical cells containing large nuclei, without any fat-cells on the one hand, and on the other without alveolar structure.

There was no obvious hypertrophy of the bone after removal.

In the later stages of cancer severe pains in thighs (so-called sciatica), pelvis, and lumbar spine have long been noticed as proof of advanced systemic implication; there is great fragility of all the bones, and often a pseudo-paralysis of the lower limbs. This condition, doubtless, is but a later stage of the one I have described; although it becomes noticeable only in a certain proportion of cases, being usually masked by other symptoms. The influence of secondary carcinoma on the osseous system has not been worked out; but in considering it we naturally remember the frequency with which we find primary cancer of bone attended by secondary deposits in distant parts of the skeleton, yet with little or no affection of the other tissues. I do not pretend to explain how (in secondary cancer) the first contamination takes place—probably through some lymphatic channels hitherto undescribed. But I think that the facts tend to indicate that the medulla of bones is a specially favorable nidus for the development of malignant disease; that when once cancer-germs reach this they speedily multiply in the soft and vascular tissue; and that not unfrequently all the long bones become filled with cancerous material, whose presence is not always manifested by symptoms. Bearing in mind the reported development of red blood corpuscles in the medulla, it would be interesting to speculate on the influence which such a condition would have upon nutrition generally, and the cancerous cachexia.

I am disposed to regard the "thickening" I have referred to as due to a low form of periostitis, consequent upon deposit of cancer-germs in the medulla. I look upon it as only apparent, and do not think there is any real hypertrophy of the osseous tissue.

In all the cases I have noticed there has been a recurrence of the disease within a few weeks or months. The appearance indicates that the disease has extended beyond merely local treatment, and that a renewal of its more obvious manifestations at no distant date is a certainty. I do not consider the condition an absolute bar to operations, but it is undoubtedly one which ought to be previously taken into consideration, and, whenever present, operative measures must be described to the patient only in the light of a palliative. It is a symptom of grave prognostic importance, and my only excuse for offering these somewhat crude remarks is my wish to direct more general attention to a practical point hitherto little regarded.

Epilepsy Brought on by Fright.—Helen, aged eighteen years, admitted to University College Hospital May 29th. For about six years had been in bad health. She suffered in winter from cough, and brought up blood. She frequently lost her voice for two or three weeks. Two years before admission she was very much frightened by an escaped prisoner breaking into the house she was living in. On the day following she had the first fit, falling down unconscious, and foaming at the mouth. The fit lasted about half an hour, and she was drowsy for some time afterward. Six months afterward she had another fit, and then the attacks came more frequently. The fits were usually preceded by warning; she felt a peculiar sensation in her feet, especially the left, and this traveled toward the head and neck. When it reached the neck, she stated, her arms were convulsed, and when it came to her head she fell down. *Medical Times and Gazette.*

Furuncles in the Meatus of the Ear.—Dr. Weber-Liel (Chicago Medical Review) calls attention to an application which he has been using for ten years. (*Deutsche Med. Wochen.*) It consists in filling the meatus with alcohol containing a minute quantity of corrosive sublimate, to be repeated every half hour or so. The alcohol abstracts water from the tissues and dulls sensibility, and hence relieves the pain speedily. If used early enough it sometimes cuts short the process, but at any rate prevents the development of further furuncles. During the last two years Dr. Weber-Liel has used, in addition, injections of carbolic acid, employing a five-per-cent solution of the pure article, and injecting with an ordinary hypodermic syringe two to four drops in the point of the swelling. If pus has not already been formed its formation is prevented. Three hours later he begins with instillations of alcohol, and if this does not suffice, he repeats the injection of the carbolic acid. A stronger solution or a larger quantity of the injection produces an intense burning, lasting one to two hours, but it is sure to abort the process. In the writer's experience (which has not included the treatment just described), the free internal use of salicylate of sodium has proved most serviceable in stopping the pain.

The Treatment of Cancer.—Prof. Clay (Lancet): Chian turpentine, it may be confidently stated, exerts a powerful action on cancer of the female generative organs in particular. The maximum dose of the drug which can be safely and continuously given is twenty-five grains daily. It is advisable to discontinue the remedy for a few days after ten or twelve weeks' constant administration, and then to resume it as before. The turpentine is best administered simply, as the most marked and rapid effects have always been manifested when it has been given alone. The turpentine appears to act with the greatest vigor upon the periphery of the growth, and more slowly on the whole mass. It seems to dissolve the cancer-cells, leaving the vessels to become subsequently atrophied, while the firmer structures gradually gain a comparatively normal condition. It is a most efficient anodyne, causing an entire cessation of pain in a few days. The chian turpentine was, for the sake of convenience, given in the following emulsion: Solution of chian turpentine half an ounce, solution of tragacanth four ounces, syrup one ounce, flowers of sulphur, forty grains water to sixteen ounces; one ounce three times daily. The solution of turpentine was made by dissolving one ounce of it in two ounces of pure sulphuric ether.

The New Narcotic.—Jamaica dogwood (*Piscidia erythrina*) is recommended in the London Pharmaceutical Journal as a powerful narcotic, capable of producing sleep and relieving pain in a remarkable manner. Its action seems to be over the nerve centers; it causes sleep without producing the cerebral hyperemia which succeeds opium and morphia. The sleep is tranquil and refreshing; it soothes bronchial cough, and moderates the paroxysm of asthma and nervous coughs.—*Therapeutic Gazette.*

Enuresis.—Where mal-assimilation, as in the case of children, is the provoking cause of enuresis, the fluid extract of *rhus aromatica* in fifteen-drop (.9 gram) doses, given thrice daily, the last at bedtime, and increased gradually to twenty-five drops, will often correct the matter.—*Medical Tribune.*

Chlorate of Potash.—Dr. Alexander Harkin, of Belfast (Chicago Med. Review), eulogizes this drug for its usefulness in the treatment of ulcers, burns, abscesses, etc., and relates cases in which, applied in a lotion as well as internally, it caused rapid healing of these lesions. His theory of its action and method of employing it, is that being principally composed of two elements indispensable to the formation of healthy blood, viz. oxygen and potassium, its administration, especially where one or the other of these substances is deficient, tends to improve and elevate the condition of the circulating fluid, upon which the health of every organ of the body depends. After its continued use the patient experiences an increase of appetite, of nervo-muscular force; all the bodily functions are performed with greater ease, the color improves, and the flesh-producing power is manifestly augmented, as evidenced by increased weight, the character of the blood itself being altered by an addition to its fibrin and plastic qualities. For internal use, he generally orders a saturated solution for adults, one ounce three times daily before or after food. Most useful by itself, yet its efficacy in arresting disease, in chlorotic or hemorrhagic diatheses, may be greatly enhanced by the addition of iron in one of its many forms, the most convenient being the tr. ferri. perchloridi.

Lactopeptine.—In cases of infantile diarrhea (Cincinnati Lancet and Clinic) this is a most admirable preparation. It may be given either by itself or in combination with bismuth or with prepared chalk. Physicians who use it frequently appreciate it highly.

Elixir of Free Phosphorus.—This elixir (Southern Clinic) is absolutely reliable, non-irritating, and pleasant to the taste. Each teaspoonful contains one hundredth of a grain of free phosphorus, held in perfect solution, and of assured stability. It may be given in combination with other remedies, as tinctures, extracts, syrups, etc., and will keep for any length of time without oxidation.

Elixir of Wahoo (*Euonymus atropurpureus*).—This preparation (*ibid.*) will be found a mild, safe, agreeable, and certain cathartic. It is said to be an admirable gastric tonic and mild cholagogue. Its action is unattended with any griping or debilitating influences. Each fluid ounce contains one hundred and sixty grains of the bark of the root blended with aromatics, thus masking its bitterness and rendering it pleasant to the most sensitive. The dose, as a cathartic, is a tablespoonful on going to bed, to be repeated in the morning; as a laxative a dessertspoonful several mornings and evenings.

The Polyscope.—By its use the whole mouth can readily be illuminated by the electric light without the slightest inconvenience or discomfort to the patient, and a most perfect cauterization can be obtained when required for the destruction of sensitive dentine, nerves, etc. The perfection to which this instrument has been brought was due to M. E. Brasseur and M. Troune, of Paris.—*Med. Press and Circular.*

Transfusion of Blood in Syphilis.—In cases of tertiary syphilis or malignant syphilis, where iodide of potassium and tonics fail to do any good, and the patient is sinking, transfusion of blood is one of the best things that can be done.—*Dr. Howe, in Ann. of Anat. and Surg. Soc.*

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

A DEATH FROM CHLOROFORM.—This accident occurred at the Louisville City Hospital, under the following circumstances: About two o'clock P. M., Monday, July 12th, Geo. Faulks, a German laborer, aged forty, in robust health, came to the hospital dispensary with subglenoid dislocation of the shoulder. He was questioned as to whether he had ever taken chloroform, and answered that he had on several occasions. He was placed upon the table and chloroform administered by the resident physicians. After six or eight inhalations his pulse ceased, and all efforts to revive him proved ineffectual. Artificial respiration, electricity, and digitalis were resorted to, but to no purpose. Post-mortem examination developed no organic heart-disease. It has since been ascertained that he had been to the hospital twice with dislocation of the same joint, and each time it was reduced under chloroform. Drs. Rademaker, Moody, and McKinley had administered chloroform previously as many as eight times to this man. The same chloroform had been used in the hospital repeatedly, and is perfectly pure. The resident physicians can in no way be blamed for this patient's death. It is just one of those unfortunate and inexplicable misadventures which now and then occur wherever anesthetics are employed. They are all more or less dangerous, and he is a lucky surgeon who has never had alarming or fatal results from chloroform and its kind; but we can not do without anesthetics, and we must just be as careful as possible in their

employment and trust to luck for the result. No doubt more deaths would occur in surgical practice from shock and from refusal to endure operations from fear of pain, without chloroform, than now occur with it; and as long as pain is as painful as it is we shall give and take anesthetics.

THE thermometer mounts the nineties, and destroys the energies even of the journalist. Nevertheless from the wreck we seize enough to make our accustomed plea for common sense in combating the hot weather. We declare again that heat has slain more victims, five to one, than cold, and that the world seems daft about the matter. It protects itself against one; it invites the fury of the other. Under the ordinary *régimé* of mothers it is "high for luck" if any child under three years lives through the summer of any of our greater cities. They hug death in flannels, and in avoiding drafts they stumble on the grave. We raise our voice again for the helpless ones. We plead for shingled heads and bare feet. We ask for that covering only which the plainest decency demands. We beg to leave to secular scientists the raid against cold water. We ask for all by mouth and skin that is necessary to make life passable in these sweltering days; and we guarantee that if all these dicta are followed fifty per cent shall be added to life and one thousand to comfort.

EVEN Chicago, by the cool lake-side, does not escape the dreadful heat. Thirty deaths from sunstroke are reported in one day.

Original.

REMOVAL OF A COMPOUND TUMOR OF THE OVARY.

BY EDWARD MILLER, M. D.

Professor of the Principles and Practice of Surgery in the Louisville Medical College.

The patient was a native of Kentucky, resided in Bullitt County, and was fifty-three years old. She had previously been tapped twice by Drs. Greenley and Blair. On one occasion five gallons and on the other three gallons of fluid were withdrawn. After the last tapping, the nature of the case being recognized, these gentlemen sent her to Louisville to Prof. Ireland for treatment. Dr. Ireland called me in consultation, and on examination we found the abdomen uniformly distended from the reaccumulation of the fluid. I again tapped the patient and evacuated over three gallons of fluid having all the characteristics of ovarian dropsy. A further examination convinced us that the tumor was adherent in front and upon the right side, and we further supposed that on the right side was a cyst not to be reached by the trocar. The tumor had been giving the patient inconvenience from its bulk for about a year, and the fluid rapidly accumulated again after being evacuated. As the patient's general health was satisfactory, we decided that it was a suitable case for extirpation.

On June 22d, the patient having been previously thoroughly cinchonized by the use of eighteen grains of quinine daily for several days, I proceeded to operate in the usual manner. An incision was made from the umbilicus nearly to the pubis, and the fluid, which was again present in large quantity, evacuated with Spencer Wells's trocar. The adhesions were, as we supposed, in front and upon the right side, and were easily broken down with the hand. We then found that there was a cyst containing a mixture of pus and fluid and a solid tumor nearly as large as a child's head. The size of the tumor necessitated the enlargement of the incision up above the umbilicus. The tumor was then lifted from the abdomen; the pedicle, which was short and thick, transfixed and tied; the tumor cut off and the ends of the ligature cut short and returned to the abdomen. The cavity of the abdomen was sponged out with sponges dipped in carbolated water, the edges of the incision brought together with carbolated silk

sutures passing through the whole thickness of the abdominal walls, including the peritoneum; a flannel bandage placed around the abdomen, and the patient put in bed. A subcutaneous injection of a quarter of a grain of morphia was then given.

The patient rallied well from the operation, having only a slight chill, and rested well during the first night, except some nausea and vomiting, which was attributed to the chloroform. The temperature ran up to 103° F. on the second day, and the pulse to 118; but the third day the temperature was 100° F., which it never again exceeded.

The patient was kept under the influence of opium administered by the rectum. She was in no degree stupefied by the drug, but only took enough to control the bowels and annul the pain. The tympanitis was considerable, but never occasioned any great inconvenience. The most distressing symptom was the persistent nausea and vomiting. Nothing controlled this, but sucking small pieces of ice lessened its severity. As she was unable to retain any thing in the stomach, she was nourished by rectal injections of milk and Valentine's meat-juice. Under this treatment the case progressed favorably, the nausea and vomiting gradually disappeared, and the fever abated. The incision healed nearly throughout its whole extent by the first intention, and at the end of the twelfth day the patient was apparently convalescing rapidly, when she had an attack of malarial fever. This was broken up by quinine, and the patient now is apparently well. Although weak from the fever and confinement, the patient has a good appetite, is able to get about, is regular in all of her secretions and excretions, and looks better than she has for years.

The operation was performed with the assistance of Drs. Ireland, Anderson, Null, Leiber, Greenley, and Blair. My thanks are due to these gentlemen for their aid, which contributed greatly to the happy result.

LOUISVILLE.

REMARKABLE CASE OF UREMIC POISONING.

BY WILLIAM L. VAN HORN, M. D.

On the 22d of last month I was called in consultation to see a patient under the charge of Dr. J. E. Wright, of this place. The patient, Mr. R. A. B., aged sixty-nine years, plethoric, irregular habits, and addicted to high living, complained of headache. Face flushed and bowels constipated.

A purgative was administered and five drops of nit. of amyl ordered to be inhaled. Patient returned home, and a few hours afterward Dr. Wright was sent for. He found him in bed complaining of gastric pain and vomiting. Calomel and soda, one grain each, was ordered, but the patient continued to get worse. About 12 M. he had a chill, followed by high fever. The sulphate of quinia was given in four-grain doses every four hours.

At 10 P. M. I was called in consultation; found the patient in a comatose state; temperature 102° F.; pulse 85, and pupils dilated. A catheter was introduced and about one ounce of urine was drawn off.

The family were questioned, and it was ascertained that he had not passed any urine for twenty-four hours, and had not had an operation from the bowels in three days. Enemas of warm water and spirits of turpentine were given, but failed to produce any results. Emplastrum cantharides was applied over the occiput and back of the neck, which produced a large blister. A turpentine stupe was applied over the region of the kidneys, but without increasing the discharge of urine. Enemas of sulphate of quinia, twenty grains, and starch-water, two ounces, were given every two hours. At intervals of two or three hours the catheter was introduced, drawing away about one to two drams of urine at each catheterization. One dram of spirits nit. dulc. was given hypodermically. About three hours afterward the urine dripped from his penis, still the coma persisted. Two more enemas of warm water and spirits of turpentine were given at intervals of three hours, but the bowels refused to act.

On the morning of the 23d instant Dr. Gregory was called in consultation; he recommended one-grain doses of calomel with two-grain doses of bicarb. soda every two hours, and acid drinks to be given. This plan of treatment was followed, and one drop of croton oil was administered, combined with a little sugar. After an interval of four hours another drop was administered. This powerful hydrogogue cathartic produced no results whatever.

On the arrival of the steamboat J. A. Blanks, Dr. Abbey, of Monroe, who was a passenger on board the boat, was requested to see the case. He agreed with us in the treatment which had been adopted, and suggested a stupe of the infusion of digitalis over the abdomen, and at Dr. Wright's suggestion friction with a liniment composed of tinct. digitalis, spirits niter dulc., and spirits

of turpentine, each equal parts, was used over the region of the kidneys. The interrupted electric current was also used over the region of the kidneys, and dry cups along the spine.

The next morning (the 24th instant) the patient was placed in a warm bath; this produced profuse perspiration. About one hour afterward an enema, composed of carb. ammonia, grains thirty, whisky two ounces, and sweet spirits niter half ounce, was given. The patient died one hour afterward.

It was noticed during the treatment of this case that the temperature fluctuated at irregular intervals. For forty-eight hours the patient was comatose. The vital functions were so depressed that the most powerful remedies failed to produce their natural effect. Thus our means of treatment were taken from us.

COLUMBIA, LA.

Correspondence.

SUSPENSION OF THE HEART'S ACTION.

To the Editors of the Louisville Medical News:

On Saturday evening, 12th of June, I was called to see Henry Wallace (colored), aged sixty, who took sick the previous evening while plowing. I found him suffering from congestion of the brain, in a cold, clammy perspiration, pulse 104, and lost one beat out of eight. He imagined he was plowing, and would cluck and holla at his mule every five or ten minutes.

The treatment consisted of calomel, ipecac, digitalis, aconite, bromide of potassium occasionally, and quinine. Next morning his pulse lost one out of six beats. Bowels not moved. Gave oil, blistered his head, continued digitalis and quinine, and gave whisky every three hours. Next morning bowels not moved, although he had three large doses of oil; pulse lost one beat out of three and respiration increasing in frequency. His mind was still on his plowing. The treatment was now discontinued except the stimulants and digitalis.

I went to a house close by, and while there heard violent screams in the old negro's house. On going over I was told by the family "that he had died, but come to life again." Of course I discredited their story; but while I was at the bedside his respirations ceased, his heart became as still as death, and his body cold. I closed his eyes and mouth and pronounced him dead, and, to finish the job, was tying a cloth un-

der his chin to keep his mouth closed, when to my surprise the old negro came to life again after his heart-beating and breathing had ceased five minutes or more. He lived for fourteen hours, and continued to cluck and holla at his mule until he died.

SENATOBIA, MISS.

J. A. LONG, M. D.

CONCERNING COCA.

To the Editors of the Louisville Medical News:

There can be no question of the potency of coca, and in the hands of the intelligent physician much good may be expected from its use. But do take your trenchant pen and give us a slashing article against the indiscriminate use of it. You know a confirmed chewer of coca is called a coquero. Among the Spanish Americans a coquero is considered hopelessly lost, with no prospect of reformation. Look at the picture drawn by Von Tschudi: "The inveterate coquero is known at first glance. His unsteady gait, his yellow skin, his dim and sunken eyes encircled by a purple ring, his quivering lips, and his general apathy, all bear evidence of the baneful effects of the coca-juice when taken in excess."

Surely this picture is enough to startle any one; but I know that some can not be startled if there is a prospect of satisfying an appetite; therefore the greater need of a fiery warning in time to the profession, as well as the masses, against the indiscriminate use of a drug which is so apt to be followed by the blasted and desolate life of the coquero.

D. H. M'DONALD.

QUINCY, IND.

Books and Pamphlets.

TENTH ANNUAL ANNOUNCEMENT OF THE LOUISVILLE COLLEGE OF PHARMACY, SESSION OF 1880-1.

WHAT CONSTITUTES A DISCOVERY IN SCIENCE. By George M. Beard, A.M., M.D., New York.

THE THERAPEUTIC VALUE OF IODIDE OF ETHYL. By Robert M. Lawrence, M.D., Boston. From the New York Medical Record, June 19, 1880.

THE HISTOLOGY OF THE BLOOD-VESSELS. By Edmund C. Wendt, M.D., New York. Reprint from New York Medical Journal, July, 1880.

THE SHIP-ORIGIN OF YELLOW FEVER, with Comments upon the Preliminary Report of the Havana Yellow Fever Commission. By Rob't B. S. Hargis, M.D., Pensacola, Fla. From Gaillard's Journal, published in New York, June, 1880.

ELECTRICITY IN MEDICINE AND SURGERY, with Cases to Illustrate. By John J. Caldwell, M.D., Baltimore, Md. Practice limited to diseases of the nervous system. Price, twenty-five cents.

A REPLY TO CRITICISMS ON THE "PROBLEMS OF INSANITY," WITH REMARKS ON THE GOSLING CASE. Delivered before the New York Medico-Legal Society, April 16, 1880. By Geo. M. Beard, A.M., M.D., Member of New York Medico-Legal Society; Fellow of New York Academy of Medicine; Vice-president of the American Academy of Medicine; Member of the American Neurological Association; etc.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE AT ITS FORTY-SEVENTH ANNUAL MEETING, 1880. Nashville, Tenn.: Printed at "The American" Book and Job Office. 1880.

A creditable volume, containing much practical matter. We shall make extracts from these Transactions at an early day.

THE ALIENIST AND NEUROLOGIST: A Quarterly Journal of Scientific, Clinical, and Forensic Psychiatry and Neurology. Intended especially to subserve the wants of the General Practitioner of Medicine. Vol. I, No. 3, 1880. Edited by C. H. Hughes, M.D., and an Associate Corps of Collaborators. St. Louis: Ev. R. Carreras, printer, publisher, and binder. 1880.

This journal deserves great success. It should be read by all practitioners.

A CASUAL view of the former Hospital Gazette, of New York, reveals the fact that it has made another change, and is now the Medical Gazette, five dollars per year. Its history has been changeful. It started life as the Archives of Clinical Surgery, monthly, at four dollars per annum. Soon after the Hospital Gazette was published as a tender to this; then they combined and became the Hospital Gazette and Archives of Clinical Surgery, a semi-monthly magazine, at one dollar and a half a year. Then it was two dollars, and then it became a weekly; and and then it was three dollars; then it was the Medical Gazette, and then it was five dollars. All this within four years. Surely our interesting contemporary has believed in variety. We trust it has at length reached a haven of prosperity and rest.

DEATH IN DUBLIN AND LONDON.—The official return for the week ending June 5th gives the death-rate of Dublin as 37.5 per one thousand of its population, that of London for the same week being 19.4.—*Medical Press and Circular*.

It is remarkable how malaria interblends with and modifies all other diseases.—*Dr. McSherry, of Baltimore*.

Miscellany.

SCIENCE "ON SHOW."—From the Lancet the following suggestive editorial is copied. It contains much sad truth:

It would be an interesting inquiry whether the progress of science has been in any genuine sense accelerated by those annual gatherings of its professors at which science is, so to say, "on show." In the old days, when there were no public displays in this department of work, when workers were content to labor steadily and secretly with well-defined objects, perhaps remote, but certain to prove worth all the toil and pains of the way when once reached, there was nothing to divert the aim of the scientist, and he had little temptation to waste time and energy, beside incurring the risk of self-deception, in making scraps of work—good in their place, but not meant to be dislocated and viewed singly—the objects of special attack. At the present time all this is changed. If the laborer would prove himself worthy of his hire, he must make a show of himself and his work by putting in an appearance at the yearly celebration. And just as graziers fatten their stock for the show of the Smithfield Club, or agriculturists prepare trophies of their skill for annual meetings, men of science are, perforce, compelled or induced to set aside their real business for this exhibition work. Nor is this all. It is impossible that men of even distinguished ability can keep up a regular supply of veritable novelties to the display of science *en fête*, and there is no alternative except to fall into the rear or to make conclusions known to be based on tentative inferences do duty for solid results.

The effect this method produces on science is mischievous in itself and misleading. Year by year unripe fruit is offered in competition at the annual shows of scientific work in its several branches, and year by year the admission has to be made, or the truth suppressed, that grave errors have been perpetrated, wrong conclusions formulated, and false doctrines promulgated, in the haste to appear clever and brilliant, and to *show* work which might have been worth showing if the worker could have afforded to wait. It is impossible to blame those who deceive themselves and others by the impetuous haste of their revelations. It is difficult to avoid being *anticipated*, unless the fleeting opportunity is utilized. Nevertheless, the consequences of this pelting speed, this hot com-

petition, this scramble for places in the front of the procession, are grave, and unless a spirit of moderation should come over the minds of those who head this movement, such a spirit as would induce them to hold aloof from the hurrying crowd, and to discountenance the annual efforts which do so much harm to real science, it is difficult to see how a great *fiasco* can be escaped. It may be urged that we are in error in attributing this haste to the influence exerted by annual celebrations.

We are convinced that such gatherings have done more to encourage the impulsive publication of discoveries which are immature, and to foster the modern method of "forcing" the growth of what seems to be knowledge, but is, in fact, conjecture, than any other agency, and to their influence most of the mistakes the scientific community has cause to lament are actually due. All societies probably act in this way, but those which glorify results in public once a year do especial mischief.

"THE CRUDITIES."—"Beeswax," in Medical Times and Gazette.

As a modest though somewhat ambitious man, perhaps you will allow me, through your widely-circulated journal, to publish to the medical world two discoveries of mine.

I have, after immense labor, succeeded in discovering a disease, and, what is of more importance, its remedy. The disease in question is one specially afflicting scientific men of mark, and I have ventured to call it "The Crudities," from its objective symptoms. It consists in a violent, and, I am sorry to add, not an always unselfish, yearning after publicity, whereby the unfortunate patient will recklessly injure a good professional reputation in publishing, forsooth, a crude account of some *discovery*—alas! too soon to be *recovered* by oblivion.

The widespread prevalence of this disease is observable to the ordinary newspaper-reader in the notices he sees from time to time of electric candles that will not light, or predicted thunder-storms that can not burst; but it is in the medical world that its ravages are most apparent. I am sorry that I can not give an account of the pathology of the disease, as I have not yet succeeded in obtaining a dead professor to dissect. I believe, however, that it will be found to be due to the presence of a nematoid worm in the tissues.

I now come to my second discovery, pre-

missing that the disease is due to the vagaries of some entozoon; and, knowing the retentive properties of wax, I made a series of careful experiments upon small animals and insects, to ascertain the holding powers exerted by different kinds of beeswax when applied to them. I came to the conclusion that the stickiest, gummiest, most adhesive holdfast ever invented was the product of some rare bees living in the wilds of Central Australia. This drug (of which my agents have purchased all the present available supply) is a certain and most effective cure for this intractable disease.

I shall not trouble you with an elaborate record of cases benefited by the remedy, but shall only state that I took a bolus of it before writing this letter.

DOCTORS IN PARLIAMENT.—Dr. G. W. Potter has a lengthy and feeling letter on this subject in the *Lancet* of June 12th. From it the following extracts are taken:

The new Parliament has been complete for some little time, and a word or two may not be inopportune with regard to the medical element in its composition. The first thing that strikes one is, that whatever may be the quality of that element, the quantity is any thing but excessive. The legal profession, not more learned or more numerous, or of greater legislative importance than the medical, has nine times as many representatives in the House of Commons, besides an important contingent in the Lords. . . .

It may be noted that the deficiency is due chiefly to the larger division of the United Kingdom, Ireland sending two doctors to Parliament, Scotland three, and England none. This is a state of things at once curious and unsatisfactory. That of the twenty thousand learned and scientific men who constitute the medical profession in England, not one should be found even to offer himself for Parliament during the late general election, is a phenomenon worthy of more than passing notice. It is a phenomenon all the more striking when contrasted with the animated interest displayed in politics by the medical profession in France, Germany, and other continental countries. . . .

Some of the eminent physicians and surgeons of the present day are men of robust and manly character, whose natural characteristics have been developed in a high degree by severe and prolonged training, and they may fitly be considered great and illustrious men. But take them away from their own line of things and they will be seen to

hold a very modest place in the public judgment.

There is an unfortunate feeling among medical men that they should keep strictly to their own department, and not mix themselves up with the turmoil and excitement of political life. There is an uncertainty, too, as to what might be the effect on their professional gains if they took a decided stand and gave up a portion of their time to political duties. Now, while this feeling may be strictly in accordance with the dictates of a cold and wordly prudence, it by no means commends itself to a noble and generous patriotism. . . .

Never yet have we seemed to see and possess that social and political position which is our just due, and which it is so important for the public welfare that we should possess. That lawyers and divines should sit in the highest council of the nation, while men who study the very reason and nature of all things, theology and law not excepted, should be forbidden to approach these high precincts is an anachronism and an absurdity.

BAKED BEANS.—"New-England baked beans have been the cause of more disease than has the severity of its climate," says a doctor who believes "fruits, vegetables, sweets and sour (except lemons)," and milk and fats, poisonous to consumptives; and, furthermore, that these foods will develop consumption, and who also says "consumption is hereditary just as a father's spectacles or cane may be. If one chooses to wear the spectacles and the cane they are hereditary, but not otherwise." Beans have nothing to fear from the writer of such bosh as this.

A CHINESE DISH—"ROTTEN EGGS."—The so-called rotten egg is only a duck's egg preserved for a long time in an air-tight envelop made of ashes, chalk, tea-leaves, and a number of other strange substances, till the yolk turns first to a green color and then to a fine black, when it is considered fit to be eaten.—*Caterer*.

CHICKEN CHEESE.—Boil two chickens till tender; take out all the bones and chop the meat fine; season to taste with salt, pepper, and butter; pour in enough of the liquor they are boiled in to make moist. Mold it in any shape you choose, and when cold turn out and cut into slices. It is an excellent traveling lunch.

EDITORIAL NOTICES OF PATENTED HUMBUG APPLIANCES.—The Virginia Medical Monthly is the champion of its advertisers, the friend of the notorious C. G. Polk of the American University of Philadelphia, lately reëxposed by United States Minister White, and the indorser of Bryan's Electric Belts, a humbug which is put upon the market by the proprietor of one of the most notorious cure-all establishments of this city. It is about time that editors of medical journals should be called to account for selling their pages; in fact selling themselves, body and soul, to disreputable advertisers. We have seen the advertisement in several of our contemporaries, but up to the present time the Virginia Medical Monthly is, we believe, the only medical journal that has succumbed to the tempter so completely as to laud, editorially, an article which, if the editor were not blind to the fact, he must know to be one of the greatest humbugs ever perpetrated upon the public. But there is one thing we would like to say to the editor of the Virginia Medical Monthly, and that is, that when he says that Bryan's Belt "is so highly approved and recommended by the profession generally" he tells a palpable untruth.

We regret that we are called upon to hold a contemporary up to the scorn of the profession, but the journal in question, in stooping to such practice, has sown the wind, and must reap the whirlwind. The editor has evidently missed his calling. He should be at the head of some religious paper, as it is in such that we are always sure to find such brilliant editorials as it seems to be his forte to write.—*Med. Gazette of May 22, 1880.*

We would recommend the Virginia Medical Monthly to procure a good supply of lactopeptine at once to aid in digesting the above. With the most approved condiments and good advice, "not to notice it," the thing may be stomached.—ED. SOUTHERN CLINIC.

[Is *that* the Polk?—the discoverer of kephalin and partner in the mutual admiration association of Salisbury & Polk?—EDITORS NEWS.]

DOCTORS' FEES IN BOSTON.—Commenting on a case lately in court, Dr. Henry G. Clark remarks:

There is no profession or business requiring an equal amount of ability, acquirement, and devotion which is so poorly requited in money as that of the practice of medicine; and the number of those whom we know who have been able, after support-

ing themselves in tolerable comfort, to leave for those who are dependent on them even a modest competency can be almost counted on the fingers of one's hand.

This ought not to be, and it seems but reasonable and just that the profession itself should do something to advance its own interests in this regard. There appears to be no reason, therefore, why the rates of the fee-table should not be advanced; nor why the larger fee should not be *made the custom*, and thus have the advantage of being sustained by the courts of law.

It costs as much to live in Boston as in London. The services of medical men are worth as much here as there. Why should we not then *expect*—I will not say *exact*—from all those who are able to pay it the *guinea-a-visit*, or its equivalent in our money, the HALF-EAGLE?

THE LATE ASSOCIATION MEETING.—Dr. Leartus Connor, of the Detroit Lancet, thus writes of the late meeting of the American Medical Association: Of the quality of the papers presented, it was upon the whole far below that presented at the average medical society. Of the addresses of the chairmen of sections, the best thing that could be said of them as a whole is that they were short. The best part of the section-work consisted in the discussions that were elicited by the several papers. In general, we may say that the meeting was a success.

Selections.

Remarks on Acupuncture.—Extracts from Mr. Simon Snell's paper in Medical Times and Gazette, June 19th:

Acupuncture appears to have been practiced by the Chinese and Japanese from time immemorial, but was only introduced into Europe a couple of hundred years since. At the early part of the present century it was a good deal used in England.

The needles employed are long, slender, and sharp-pointed, and furnished with a head or small handle of ivory. A large sewing-needle answers the purpose. Care should be taken to prevent the possibility of its slipping beneath the skin by placing on it a head of sealing-wax. The needles are generally made of steel, but silver and gold have been used, more particularly in the East. The Japanese are said to be bold in the use of these needles, and plunge them into the various viscera, and even into the fetus in the womb to repress its tumultuous movements. Their efficacy was undoubted in maladies, as they said, dependent on the wandering about of winds or vapors.

The operation is performed by pricking the skin and gently pressing the needle onward in, as some advise, a rotatory manner. The place chosen is at

the seat of pain. A minute or two will suffice for the needle to remain in the part, though it has been thought better by some for it to be a longer time. Again, only one needle may be plunged into the affected region, or as many as half a dozen. I have seen both a single needle and several needles used, but as I saw no better results in those cases in which a large number were employed, it was always my practice to use a single one.

The benefit of acupuncture in anasarctous limbs, allowing the exit of serum, is well known; as are also the capital results often achieved by making numerous punctures in a hydrocele with one of these needles and permitting the fluid to escape into the areolar tissue and become absorbed.

But the cases in which the effects of acupuncture are often so strikingly brilliant are in a different category from these, and the *modus operandi* is not the same. Those I relate (five cases are reported) illustrate its use in cases of weakened deltoid from laceration or otherwise following dislocation, or from a fall on the shoulder; another case, its benefit in chronic rheumatism. It has been recommended in rheumatic and neuralgic affections generally. These are the class of cases I have seen it practiced in, and in most instances with brilliant results. Like every other remedy, it has been put to ridiculous uses, and it was even suggested that the running of a large needle into the right ventricle in cases of asphyxia might be beneficial! But as its employment is attended with but little pain, and that it is but seldom that any ill effects result from it, it is scarcely surprising that enthusiasts should have carried its use to absurd lengths. The employment of the aspirator in tapping a distended bladder, and its other uses, has additionally proved the little harm resulting from the insertion of a small, clean needle into different parts of the body. It is worthy of note, however, that, while the Japanese plunged these needles into the abdomen and other important regions of the body, it would appear that they always avoided the neighborhood of joints. . . .

It has been supposed that its efficacy in neuralgia is occasioned by the letting out of fluids in the nerve-sheaths by the passage of the needles. Mr. Pridgin Teale thinks that, at all events in disused and wasted muscles, the mere act of the will being inadequate to force sufficient blood into the muscular fiber to give it tone to act, this defective power of will is supplied by the stimulus of acupuncture in producing a temporary corresponding increase in the caliber of the vessels and blood-supply. In support of this he mentions that an area of vascular redness is seen round the puncture; but this I have not myself found to be so constant in appearance.

Dr. Elliotson remarks, "The effects are not deducible from counter-stimulation, for they are sometimes most remarkable when such stimulation has scarcely been felt; nor from electrical agency, for they are equally produced when the needles are silver or gold; nor from moral agency, for they who deride the curative influence of the needles are as much benefited by their application, provided their cases be suitable, as those who have the most unlimited confidence in their efficacy—the reasoning and incredulous European being in this respect on a level with the all-believing and unlettered Chinese." The impression on my own mind, however, has always been, that in many cases, at all events, the moral has been an important factor in the production of the results. The needle may act as a stimulant to the terminal

nerve-twigs in these cases of muscular disability, and thus in some measure account for the beneficial effects. But I believe the most remarkable results I have witnessed in this class of cases have occurred when immediately after the acupuncture the patients were encouraged and urged to do their best in the way of moving the affected parts.

Tinned Wrought-iron Frying-pans.—A few weeks ago, says the Ironmonger, a correspondent, for whose *bona fides* and responsible social position we can vouch, informed us that recently in London he bought a "tinned" wrought-iron fish-pan at one of the first West-end shops, the charge made being about fifteen shillings, a sum which should have insured a good and innocuous article. Feeling somewhat suspicious as to the composition of the lining of the stewpan, however, our correspondent narrates that he decided to go to the expense of having it analyzed, in order, if possible, to avoid the risk of being slowly poisoned. Having removed the inside coating, it was sent to Mr. Jones, the public analyst for the county of Stafford. That gentleman, having subjected the materials to scientific examination, made a report giving the following startling particulars: Lead, 63.81; tin, 30.05; iron, 5.28; and copper, a trace! We have no desire to assume the rôle of alarmists, nor do we for a moment wish to involve the good and the bad alike in one condemnation, but we are certainly of opinion that a result such as this is calculated to upset the equanimity of even the calmest persons. By common consent, lead is a slow but deadly poison, and its known use in connection with cooking-utensils is universally and properly tabooed. Here, however, we have an article purporting to be tinned which in reality contains over sixty per cent of lead; so that the unsuspecting consumer is not only cheated by having an article worth about one fifth of that which he pays for palmed off upon him, but is subjected to the imminent risk of having himself and family poisoned into the bargain! Inspectors who have hitherto contented themselves with testing our food should at once turn their attention to the utensils in which that food is cooked. We beg to call the attention of the board of trade to this hitherto unsuspected source of poisoning, and we do so with the greater confidence now that that influential department is presided over by a gentleman so intimately acquainted with the hardware trade as Mr. Chamberlain, the member for Birmingham.—*Med. Press and Circular*.

Hay Fever.—A. B. writes to the Medical Times and Gazette: As many of your readers are most likely suffering from this troublesome complaint, perhaps you will find space for these few lines. For many years I have been troubled with hay fever, and I have not heard of any remedy until recently. A week or two ago a friend of mine advised me to inhale brandy and water and bathe my eyes with it. Those who will adopt this simple remedy will suffer no more from hay fever.

Chian Turpentine in Cancer.—Mr. John Clay writes, in the Lancet, from Birmingham: In my hands the most satisfactory results continue to be produced by the true article in cancer of various organs.

[It is apparently nearly impossible to get genuine chian turpentine in England, and its purity is more improbable in America. Its dose is six grains thrice daily.—EDS.]

A Case of Basic Cavity of the Lung Treated by Paracentesis was reported to the Royal Medical and Chirurgical Society, June 8th, by Dr. R. Douglas Powell and Dr. R. W. Lyell. The case was that of a man aged forty-nine, of intemperate habits, who in December, 1878, had bronchitis, followed by pleuropneumonia and fetid expectoration. He improved after a time, but relapsed again in July. On admission there was consolidation of the lower lobe of the right lung, with excavation of its central portion, the cavity signs being centered about the level of the seventh dorsal spine in the line of the angle of the scapula. There was considerable hectic, with diarrhea and anorexia. The breath and expectoration were extremely fetid, the latter being very abundant, amounting to a pint in twenty-four hours. The operation of paracentesis was performed September 11th.

A medium-sized aspiration-trocar was first thrust in at the eighth space mid-scapular line, and a free incision having been made through the tissues down to the intercostal membrane, the fine trocar was withdrawn and a full-sized hydrocele trocar inserted, which, after slightly enlarging the opening, was in its turn removed and a large drainage-tube introduced. Carbolyzed dressings were applied. A moderate quantity of secretion escaped from the wound (which gave rise to no serious bleeding), and the discharge subsequently from the tube, although free, was never abundant. The expectoration and cough, however, at once almost entirely ceased. The wound was dressed daily under the carbolic spray, with the view of disinfecting it and the cavity, and injections of Condry's solution were used. Patient died on October 31st, fifty days after the operation. . . .

In their remarks upon the case the authors commented on the infrequency with which the base of the lung had been tapped, and pointed out that the immediate cessation of cough and expectoration after operation in this case was a fact very encouraging to future interference with such cavities under more favorable circumstances, and also afforded a valuable hint respecting the importance of disinfecting lung-cavities. For it was clear from the small amount of the discharge, compared with the great previous quantity of expectoration, that the bulk of that expectoration had been yielded by the bronchi irritated by the acrid fluids and gases in their passage from the cavities. While advocating the puncture of chronic basis cavities in suitable cases, the authors deprecated interference with apex cavities, on the ground of its being rarely necessary or useful, and are averse, save in exceptional instances to making incisions into acute basis abscesses of the lung. In the present case, however, the operation had undoubtedly been postponed too long, the patient having come under observation too late. The diagnosis of the case from empyema was touched upon, and the several steps of the operation discussed; the use of a large trocar in preference to the knife being advocated. In future cases, too, the authors would prefer to choose the center of the cavity rather than its lowest point for puncture, where it is situated in the posterior lobe of the lung.

Dr. Theodore Williams said that in every instance the nature of the case had to be considered. Thus the operation might be useful in certain forms of bronchiectasis, but these could not easily be reached. The removal of the putrid fluid was all-important, as the other lung might be poisoned by the exhalations. In one case he tapped a limited empyema, thinking it a bronchiectasis. In most cases of phthisis the

cavities, being in the upper part of the lung, drain themselves. He referred specially to a case where the president, Mr. Erichsen, had operated for him with very great advantage.

Mr. Erichsen said that in these cases the great thing was drainage, and that *antiseptics did little or no good*. The patient was really poisoned by his own secretions. He would make a free opening and get rid of the foul material. In the case referred to by Dr. Theodore Williams the whole house was infected, and the smell could be perceived to the very door, yet when the collection of stuff was opened the whole fetor rapidly disappeared. Care should always be exercised in the selection of a tube; they should be rigid, to obviate any risk of forming an acute angle. He had found a flat trocar with a vulcanite canula the best instrument to use, but if he had to do it again he would rather pass in a director, and then gradually tear with dressing-forceps than cut. Injection of fluid only seemed to irritate. In Dr. Williams's case an emphysema set in all over the body, and at each cough it could be seen to increase. This air, although intensely fetid, produced no bad effects on the body.

Influence of Electricity on Bacteria.—Some new experiments with regard to the influence of electricity upon bacteria (Med. Press and Circular) have been published by Professor Cohn, who adopted the method of sowing with bacteria a sterilized mineral nutritive solution, subjecting them to electric currents, and noting the results. A Marie-Davy flask element he finds to exert (according to strength of current) either no influence on the increase of bacteria or merely a retardative influence. On the other hand, the current from two powerful elements sterilized the nutritive solution completely at the positive pole in twelve to twenty-four hours, so that afterward the bacteria introduced did not increase. At the negative pole the action was weaker, the liquid not completely sterilized. At neither of the poles were the bacteria killed, and when brought into another nutritive liquid they developed normally. On the other hand, yeast cells and mycelium fungus brought into the liquid that was sterile for bacteria increased plentifully at the positive pole. A battery of five strong elements killed the bacteria distributed in the liquid within twenty-four hours, and sterilized the liquid of both poles.

Collapse Successfully Treated by Subcutaneous Injection of Atropine.—Dr. Gundrum reports, in the Therapeutic Gazette, the particulars of a case of chronic knee-joint disease, in which hyper-distension of the abscess sac with a carbolic-acid solution, strength one to forty (Callender's method), was followed by symptoms of an alarming and almost fatal collapse, due to carbolic-acid poisoning, as was clearly proved by the abundant formation of carbolic-acid crystals in a portion of the patient's urine after evaporation.

Ringworm of the Scalp.—Dr. MacLeod (Dundee), after failing to cure an obstinate case of ringworm by various remedies—as ascetic acid, carbolic acid, oil of cade, oil of stavesacre, etc.—found it yield readily to a mixture of iodine and oil of tar in the proportion of two drams to one ounce painted over the patches three or four times. This plan has been recommended by Professor McCall Anderson.—*Lancet*.

The Blood in Febrile States.—M. Hayem, who has added so much to our knowledge (*Lancet*) of various morbid states of the blood, has lately published some observations on the minute alterations in the mode of formation of the coagulum in various febrile states. When the blood is spread out in a thin layer under the microscope, the corpuscles are seen to assume a special arrangement. The irregular spaces which the rouleaux leave are larger and less numerous than under normal conditions. If after coagulation an attempt is made to separate the elements, it is found that the corpuscles are united by extremely fine filaments of fibrin, which cause them to assume very irregular shapes; they present also an abnormal viscosity when compressed by the surrounding fibrin. Other changes which the blood presents can not be, with certainty, ascribed to the inflammatory processes. Even when the pyrexia is high there is no alteration in the dimensions of the red corpuscles. The increase in the number of leucocytes affects equally all forms of pale corpuscles, their mutual proportion being about the same as in normal blood. Nor do these present any structural alterations; their ameboid movements are the same as in health, except that they are somewhat interfered with by the filaments of fibrin which adhere to them. Many "hematoblasts" occupy the empty spaces, and, like the red corpuscles, they become more viscous and adherent one to another, and hence quickly form masses, notably larger than those seen in normal blood. Very soon a reticulum appears, considerably denser than in other circumstances, the constituent filaments being thicker and closer than those of normal blood. During this formation the hematoblasts have fused together into little blocks of waxy aspect, to which large numbers of fibrils are attached, giving them a characteristic appearance of balls of spines. The excess of fibrin in the blood gives rise to another appearance if the blood is diluted with the liquid used in the ordinary numeration of the corpuscles; minute solid particles become visible to the naked eye in the mixture, an appearance never seen with normal blood. These particles are composed of hematoblasts, surrounded by a finely granular or fibrillar substance, to which many leucocytes and red corpuscles adhere. These changes in the blood may be found, although in a less marked degree, in cases of chronic as well as in acute inflammation.

Diagnosis of Posture of the Child in Utero.—In *Boston Med. and Surg. Jour.* The popular opinion that the child in utero may readily change its position (says Mr. J. O. Whitney) is an error, except in cases where the quantity of amniotic fluid is very great in proportion to the size of the offspring. In the early months of pregnancy this proportion is far greater than later, and then, no doubt, the fetus may change its presentation. Why, in the very great majority of cases, it assumes the "first position" of obstetrical writers is not a part of this communication; the fact is merely cited.

As is well known in this case, the back of the child lies against the mother's left flank; its abdomen presents to her right flank, with its pelvic extremity of body upward, and usually to the left of the median line of her body. The second position is the reverse of this, to wit, the child's back against the mother's right side, and its abdomen to her left, the vertex down in the pelvis. To ascertain which of the two presentations exists in a given case, assuming that the mother is not obese, and that there

is about the usual quantity of liquid surrounding the child, is not a difficult problem when once the fingers acquire the *tactus eruditus*.

On the side that presents the greatest firmness the child's back lies; the abdomen of the child gives a notably less hard feel to the mother's flank to which it is applied. This fact is very palpable in the most of cases. The feeling of firmness is greatest below, and lessens as the child's body is traced upward toward its pelvis. Where the child's back lies the mother, if delicate, has a sense of weight, but no motions are perceived by her in this locality. Motions are felt by her on the side toward which the child's abdomen is turned, for they are made by its upper and lower extremities. No little dexterity in cross-questioning is often required to bring out the location of the motions. There is a pushing or crowding feeling made by the child's pelvis (or vertex) high up, with "a bunch." These two kinds of motions must be clearly distinguished from each other, and it is rare that a patient, when her attention is called to the difference, can not recognize it. So that if we find the mother's abdomen is firmer to the touch on the left, low down, that the little motions are on the right, the pushing of the child's pelvis high up and to the left, the first position exists; but to confirm it, place the ear where the mother's abdomen is the firmest, and the child's heart-beat will be found. And if the pulsations of the child's heart are on the right (below the line of the mother's navel), and here it is found firmest to the touch, the blows of the child's feet and hands on the left, and this last locality notably softer to the touch, we may predict for a certainty that it is in the second position.

Usually it is easy to distinguish between the head of the child and its pelvic extremity by touch alone in the upper part of the abdomen; but the safest mode is to place the patient upon her back, and, the knees being drawn up, with the fingers of both hands, one on both sides, press somewhat firmly into the pelvic cavity just above the pubes, and the child's head can be made out. It is lower than if the pelvis is downward.

In cases of great obesity of the mother a doubt might remain. If it is a point of great importance, the vaginal touch should also be practiced. These simple rules are the key to the whole art of diagnosing the posture of the child in utero. Familiarity with them will enable any one to decide in a moment the existence of twins or a cross-presentation in the majority of cases.

Sweating of the Hands.—Cold and clammy perspiration in the palms of the hands is almost, if not absolutely, diagnostic of difficulty with the reproductive apparatus. This condition is found not in young men alone, but in the married—indeed in all who have been especially excessive or in any way have brought on a state of sexual neurasthenia. While it is entirely possible that this symptom might exist in a person who had no other sign of sexual disturbance, I have yet to see a case of that kind.—*Geo. M. Beard, M.D., in Independent Practitioner.*

[Our observation widely differs from Dr. Beard's. Constantly we have seen this polydrosis having no connection in any way with the sexual organs. We wish, however, people generally would read Dr. B.'s statement. It might induce many clammy-handed people to wear gloves or to quit hand-shaking from fear of being suspected of masturbation.—EDS.]

On Persistent Priapism not connected with Lesion of the Central Nervous System.—A very interesting case of priapism, probably due to a leucocythemic condition of the blood, is narrated by Dr. Peabody, of this city (New York Med. Journal). A coachman, twenty-eight years of age, had fever and ague in 1874, and in 1879, when he also suffered from epistaxis. When first seen by Dr. Peabody he complained of priapism, which was unaccompanied by seminal emissions or sexual desires. He could urinate without difficulty, as the erection was only confined to the corpora cavernosa. His kidneys were affected, as was shown by the general anemic condition, the swelling of the feet, and the presence of albumen and hyaline casts in the urine. The spleen was enlarged, as were also the cervical and inguinal glands. He suffered great pain in the perineum when he attempted to sit, and was kept in the recumbent position, his penis protected from the bedclothes. Quinine, and later cinchonidia, was given internally, and ergot injected hypodermically over the site of the spleen. At the end of a month his penis was of the usual size, and during this time the temperature often rose to 101° F. in the evening, to fall to 99° F. the next morning. The blood was examined and found to contain white corpuscles in large quantities, being in the proportion of one white to two, three, four, or six of red blood-cells. He still had epistaxis, but his health had improved under the internal administration of iron. The spleen continued of the same size, and there were imperfect erections of the penis. Iodide of potassium given internally, together with the local application of tincture of iodine, failed to prevent the increase in size of the glands. In the beginning of the year (1880) he was in the same condition. This is said to be the seventh case on record where priapism occurred in a leucocythemic patient.

Remarkable Case of Fractured Femur Resulting from Muscular Action.—Clarence Foster, M. R. C. S., in Lancet June 26, says: I was called to a middle-aged gentleman suffering from simple transverse fracture of the left femur at its middle third. As is usual in this accident, there was considerable deformity, rendering the exact nature of the injury at once apparent. On inquiry I found the patient had neither fallen nor in any other way experienced direct violence to the limb, but in walking across the floor he unfortunately made a slight trip, and in endeavoring to maintain his equilibrium the sudden muscular action thereby induced caused the bone to snap asunder. The history of the case is at least remarkable, for although Debeaumarchef, Curet, and Léveillé have cited somewhat analogous instances, so eminent an authority as Richerend, in the fourth edition of his Surgical Nosography, vol. 3, p. 12, positively asserts that a long bone when healthy can never be broken by this means alone, and I have no reason whatever for supposing the existence of any abnormal condition of the part in this special patient.

Disguising the Taste of Epsom Salts.—The *purgatif Yvon* (*Gaz. des Hôp.*) consists of sulphate of magnesia, twenty grams; water, forty grams; and essence of mint, two or three drops. The essence of mint completely masks the disagreeable taste of the sulphate, providing that the quantity of the vehicle is inconsiderable. This preparation is easily taken by persons to whom the disagreeable taste of the Epsom salt is repugnant.

Rodet's Anti-syphilitic Liquid.—℞ Pure water, 24 grams (370 grains); perchloride of iron, liquid, at 30°, 12 grams (185 grains); hydrochloric, or better, citric acid, 4 grams (61 grains). M.

We can not (Trousseau says of this remedy in his Therapeutics) now enter into the details of the great number of experiments which have been made in the hospitals at Lyons; but we should add that the results are nearly constant, and seem to show that the Rodet liquid possesses the power of neutralizing the virus of syphilis introduced by inoculation, and of preventing the development of consecutive accidents. We will add that the same effects have been observed with vaccine virus.

The method is as follows: As quickly as possible after the suspected coïtus the part is washed in water, to which is added the preservative liquid in the proportion of one tablespoonful to one or two glasses of water. Charpie, or linen soaked in the pure liquid, is immediately laid on the part supposed to be contaminated, and allowed to remain for a quarter of an hour, care being taken that the liquid penetrates all the folds of skin and mucous membrane. During this application an injection of the aqueous mixture above mentioned is to be made. Finally the parts are washed in the cold water.

An Epidemic of Pernicious Anemia.—At the Academy of Sciences a communication was read from Dr. Perroncito on an epidemic of pernicious anemia which has recently been observed among the miners of St. Gothard's tunnel. Three different helminths were found in the dejections of these patients, an anchylostoma, to which the name of *Dochmius duodenalis* has been given by Dubini, and two varieties of anguillula, the *A. stercoralis* and the *A. intestinalis*. Dr. Perroncito thinks that the presence of these two parasites in the intestine is sufficient to account for all the symptoms.—*From Paris Correspondent of the Lancet.*

A new alkaloid, which has been named thalictrine, has been obtained from the *Thalictrum macrocarpum*, a plant of the Lower Pyrenees. Two to five milligrams of this substance killed a frog in from twenty to forty minutes. A gram to a gram and a half of the extract injected into the veins of a dog or rabbit kills in five minutes, death being preceded by convulsions, complete abolition of general sensibility, acceleration of the respiration, weakness of the pulse, and vomiting.—*Ibid.*

Mr. Golding-Bird was summoned last week to Paris to advise in a severe case of osteo-malacia. The patient is a Greek princess well known in Parisian society. Mr. Golding-Bird is the more to be congratulated, as there are now at least a dozen young surgeons here who have adopted Prof. Sayre's principle of treatment.—*Ibid.*

Prof. Ball's Prescription in Epilepsy.—Ammon. bromid., sod. bromid., ãã equal parts; take two to five grams twice daily (with food). Ext. bellad., tinct. oxid., ãã .02 gram; make a pill; two pills to be taken morning and evening.—*Ibid.*

Jamaica Dogwood (Therap. Gazette) has been used by Dr. Helm, formerly physician to Mercy Hospital, Chicago, in many cases in which opium was not tolerated. Its anodyne properties are rather less than those of opium; its hypnotic action is greater.

Pneumonia and Tuberculosis Parasitic!—What Next?—Benzoate of soda is vaunted in Germany as a specific against parasitic diseases, among which are ranked pneumonia and pulmonary tuberculosis. Rokitsansky makes his patients inhale, by a spray apparatus, a gram of the drug for each kilogram bodily weight. Schwitzler, also partisan of the anti-parasitic treatment of phthisis, gives preference to inhalations and subcutaneous injections of phenic acid. Klebs, of Prague, signals the efficacy of benzoate of soda in all febrile diseases having an infectious character. The fever does not yield as quickly as with quinine or salicylate of soda, but it disappears in a more certain and permanent manner. Letzerich recommends it in the treatment of diphtheria. Of twenty-seven patients treated during an epidemic he affirms to have lost but one, and that a child. In these cases the benzoate of soda is employed internally, the dose being from five to twenty grams, according to age, in about six ounces of vehicle, and externally in powder applied to the affected parts.—*Boston Med. and Surg. Journal*.

Case of Opium-poisoning with "Dr. Bull's Cough-syrup."—Dr. C. A. Bryce, in the Southern Clinic, concludes his report of this case as follows: "1. 'Bull's Cough Syrup' unquestionably contains morphia. 2. An overdose of it will produce opium-poisoning as surely as morphia. 3. The parents of the child did not feel at all alarmed about the child because it had taken a large quantity of this *harmless* medicine, as they supposed it to be, and therefore deferred calling a physician till almost too late. 4. The prompt effect of one sixtieth of a grain of atropia in negating the effect of this quantity of morphia (the quantity that may be in one third of a bottle of Bull's Syrup). 5. The inutility of one fifteenth of a grain of apomorphia. And lastly, my sincere thanks to Mr. F. M. Cary, of this city, for his very efficient services." Electricity and atropia saved the child.

Chloral in Ulcers.—Mr. Hugh A. Auchinleck, L.R.C.S.E., writes, in the *Med. Press and Circular*: I think this drug is so useful in arresting inflammation and secretion of pus that it is well worth further investigation. In the treatment of tertiary syphilitic ulcers chloral, in a lotion of five grains to the ounce, appears to destroy the specific action of the secretion, to deodorize and heal the sore. A similar application has proved very useful in healing chilblains which have broken, and also slow-healing abrasions over bony prominences. The cicatrices caused by chloral seem, in the cases I have employed it, to assume the natural color of the skin more rapidly than those caused by other applications. I have tried in gleet, with apparently good results, an injection of iodoform (five grains to one ounce water). Inject while the powder is temporarily suspended by agitation in the syringe.

Iodoform and Goiter.—In 1843 Bouchardat recommended iodoform as a substitute for tincture of iodine and iodides, and gave it in pastilles and pills. In 1848 Glover followed his example, curing two women who had goitre by internal and external treatment combined. He gave it internally in the dose of thirty to forty-five centigrams (4.6 to 7 grains) a day in three or four pills, making inunction upon the tumor at the same time with a pomade containing iodoform. *Trousseau's Therapeutics*.

Inhalations of Benzoate of Ammonium in Pulmonary Phthisis.—Dr. Wagner, of Buda Pesth, writes, in *Med. Chir. Centralblatt* (Medical Press and Circular) that he prefers this salt to the benzoate of sodium, on account of its being more volatile, and thus capable of penetrating deeper into the smaller bronchioles than the latter, and also because it decomposes easier, leaving free benzoic acid, the antibacterial effect of which is greater than that of either of its salts. He lets his patients inhale till a burning sensation is produced in the chest, when the breathing becomes less labored, the cough easier, and the appetite increases.

Removal of Strong Odors from the Hands. *Druggists' Circular*: Ground mustard mixed with a little water is an excellent agent for cleansing the hands after handling odorous substances, such as cod-liver oil, musk, valerianic acid and its salts. A. Huber states that all oily seeds when powdered will answer this purpose. In the case of almonds and mustard, the development of ethereal oil under the influence of water may perhaps be an additional help to destroy foreign odors. The author mentions that the smell of carbolic acid may be removed by rubbing the hands with damp flaxseed meal, and that cod-liver-oil bottles may be cleansed with a little of the same or olive oil.

Chian Turpentine in Cancer.—In the practice of my colleagues and in my own some twenty cases have been subjected to the treatment for several weeks without the least improvement in any case—without the slightest appearance that the ordinary progress of the disease had been interfered with in the least.—*Mr. Lawson Tait, in the Lancet*.

Jamaica Dogwood (*Piscidia erythrina*).—Dr. J. H. Egan, in *Indiana Medical Reporter*, says: For the cure of toothache, where a cavity exists in the tooth, it is an absolute specific. I have used it in over five hundred cases without a failure. . . . In bronchitis, asthma, and nervous coughs it will be found useful. Whenever it is necessary in a cough-mixture to prescribe opium, it can be advantageously displaced and Jamaica dogwood used. This is an advantage. Opium impairs the digestive functions, while no deleterious results follow the use of Jamaica dogwood.

Fecundity Extraordinary.—The *Lancet* translates the following from *La France Médicale*: A woman, whose name and address are given, was several months pregnant when she was seized with colicky pains. Attributing them to ordinary causes, she went into her vineyard, and was profoundly astonished to discover presently that she had been confined. Dr. Watering, of Maregnac, was called to her, and found that she had given birth to eight children, perfectly formed. They were inclosed in a sac, and had apparently perished from mutual pressure during their growth. The mother did well.

A case of nervous inflammatory puerperal fever caused by a vivid dream is reported by Dr. Cassels, of Three Rivers, P. Q., in the *Canada Medical Record* of June. [While we are not sure that we know what a "nervous inflammatory puerperal fever" is, we do believe that vivid, horrible dreams may prove injurious by shock to the nervous system.—EDS.]

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EDITORS.

AGAINST THE FEVER.

The prophylaxis against yellow fever proposed by Dr. Jos. T. Scott, of New Orleans, in 1867, and tested by that gentleman and others during many epidemics since, is as follows: In the first place, a moderate life, avoiding excesses in eating, drinking, and dissipation, but by no means running into teetotalism or seclusion. Before breakfast a dose of quinine sulphate, three grains, with lemonade; after dinner three drops of Fowler's solution of arsenic; and twice a day, at convenient intervals, ten-grain doses of chlorate of potash. These for an adult; proper gradations for children.

It will be seen that Dr. Scott's plan includes the exhibition of three of the most powerful *bacteria-cides* (for want of a better name), each of which has been used in numberless instances as a prophylaxis against yellow fever. One of the chief merits of Dr. Scott's system, however, consists in the alternation or sequence of the remedies, by which means their exhibition can be kept up for a prolonged period without exciting repugnance in the patient and without damage to his digestive powers. Upon the contrary, the effect is immensely tonic. Dr. S. recommends that at the first appearance of the fever all unacclimated persons, or persons who may fear an attack, should be put upon the regimen indicated, and be kept upon it until the period of general safety has arrived. He has mentioned instances where it has been continued for four months

or more. The results, he declares, are that in a great number of instances unacclimated persons have passed safely through an epidemic closely alongside of such who without the safeguard have taken the disease; and that in cases where, in spite of the prophylaxis, yellow fever has been contracted, they have been invariably of a mild and controllable type.

Dr. Scott has the greatest confidence in the system he has proposed; and although he exhibits the natural enthusiasm of the originator, he is a careful physician, of great practical experience in the matters of which he speaks, and his counsel is entitled to great weight. Besides this, his method has had the indorsement of the medical press, and, what is of more worth, of many practitioners in fields where yellow fever commits its ravages.

It seems to us that the plan is rational, and that if there be any thing in prophylaxis, we would put our faith in such as this.

FISHWAYS IN THE KENTUCKY.

It is known to many of our readers that the Kentucky River is to be again locked and dammed, the general government having taken the matter in charge. It has been a matter of great concern with a number of gentlemen that along with the interests of navigation the welfare of the fish in this famous stream should also be looked after. Mr. John Mason Brown, of this city, writing on the subject to Mr. Spencer F. Baird, the United States Fish Commissioner at Washington, received the following reply from

that eminent scientist, which he has allowed us to publish :

U. S. COMMISSION, FISH AND FISHERIES, }
WASHINGTON, D. C., July 17, 1880. }

I am happy to inform you that Captain Cuyler, the engineer in charge of the Kentucky River Improvement, of his own motion applied to me some time ago for plans of fishways to be built in the dams that he is now making, and that these have been furnished him. How far his appropriations will permit his placing fishways in all the dams I am unable to say. . . . It will certainly be an excellent mode of inaugurating a satisfactory system of fishways if all these dams are provided as proposed, thus obviating a very natural objection to so many artificial obstructions of the river. Respectfully yours,

SPENCER F. BAIRD,
Commissioner.

JOHN MASON BROWN, ESQ., Louisville, Ky.

We trust sincerely that the citizens of Kentucky, who we know fully appreciate the admirable forethought of Captain Cuyler, will give such hearty expression to their wishes that he will be encouraged in his delightful ways.

We know the doctors of Kentucky are all right. Acre for acre there is no land which can compete with water in food-supply. But we don't urge that. We don't ask the doctor to speak, but the true-hearted sportsman, who is his so constant ally. He desires the lovely Kentucky to remain the home of the patrician bass and the lordly pike, that bamboos may never wither nor "Meek & Milams" cease to multiply. To him the fishways are of as much importance as the locks, and we believe that one good way of getting them is to let the engineer of the Kentucky River Improvement know how much they will be appreciated. Let every fisherman in and out of the profession in Kentucky drop Captain Cuyler a line.

THE Progress newspaper, of Philadelphia, states that Prof. Gross is to receive the LL.D. of Cambridge, England, which is given him as the representative surgeon of America. In 1872 the D.C.L. of Oxford, it will be remembered, was conferred upon him for the same reason. To receive the highest hon-

ors of two of the most ancient universities of the world has fallen to the lot of few men. They are certainly in this instance well deserved, and the profession of America will hear with delight of their worthy bestowal. The degree is only given *in presente*, and Dr. Gross has sailed for England. He will also attend the meeting of the British Medical Association, to which he is a delegate.

GARFIELD writes to a friend that he is left-handed; "the left-handedest man you ever saw," he says. Hancock is a twin, and Weaver appears to have a spinal trouble. In any event we shall have a physiological theory to enunciate in November.

Original.

SOME OF THE ACTIONS AND USES OF GELSEMIUM.

BY A. G. HOBBS, M. D.

Gelsemium sempervirens, or yellow jessamin, grows on the southern coast of the United States, and especially in the Carolinas, whose forests are beautifully festooned with this climbing evergreen. It has a bitter taste and an agreeable odor. An alkaloid, its active principle, has been extracted, and called by some gelsemium, by others gelsemina.

The so-called "eclectic physicians" were the leaders in its use as a medical agent, and both their orthography and pronunciation became widespread before the drug was introduced into scientific medicine. They spelled and pronounced it gelsemi-num; but Kochler, Gray, Webb, and other authorities in botany do not give it gelsemi-num, but gelsemi-um (g-soft), which is no doubt correct, notwithstanding no less a writer than Dr. Robinson, of St. Louis, headed an article which he read before the American Medical Association in 1877 "Gelseminum Sempervirens."

One of the first scientific investigations of this drug was conducted in 1869 by Wormley, who was led to his investigations by a case of fatal poisoning falling under his notice. He isolated gelsemin and an acid which he called gelseminic acid. Ott made some in-

vestigations in 1865, but not to the extent that Wormley did in 1869.

In moderate doses it produces agreeable sensations of languor with muscular relaxation, so that the patient finds some difficulty in raising the eyelids and keeping the jaws closed; indeed this last symptom is so constant that it is almost pathognomonic of poisoning from this drug, as in large doses it seems to produce a selective relaxing influence upon the masseter and internal pterygoid.

"Administered in large doses, it paralyzes the motor centers of the brain as well as the respiratory center in the medulla oblongata. Sensibility remains intact, and death is produced by paralysis of respiration." (Binz.) Taken largely, it produces dizziness, dimness of vision, dilated pupils, muscular debility, and general prostration; reducing the frequency and force of the pulse and frequency of respiration, producing insensibility to pain (analgesia), but never anesthesia, neither does stupor or dullness ever follow its administration; indeed the only parts of the encephalon that seem to come under its influence are the motor centers.

Wormley claims that it acts upon the peripheral circulation by impairing the tonicity of the arterioles and thus obstructing the blood flow. There seems to be but one explanation, physiologically, to this statement: By its action first upon the vasomotor centers of the medulla, and reflexly upon the vasomotor nerves of the arterioles, causing them to relax, lose tone, and as all the arterioles of the body are thus affected the arterial blood capacity becomes greatly enlarged, and the pressure proportionally lessened, consequently the obstruction to the blood flow is only by lessening the force of the current proportionally more than the channel is enlarged; it can therefore be said with more propriety to lessen the arterial pressure by its action upon the peripheral arterioles.

Applied locally or administered internally, it dilates the pupil. Oculists use the active principle, gelsemin, locally in estimating the errors of refraction and astigmatism. Tweedie claims that it is preferable to atropia in cases where the power of accommodation is not great; where it is necessary for it to be overcome for a short time only for the purpose of estimating the degree of ametropia, because its effects are more transient, and the confusion of vision during its action is less. Where accommodation has been completely paralyzed by atropia, it does

not return under eight to twelve days. With gelsemin, on the other hand, accommodation will practically return within fifteen to thirty hours. To insure paralysis in three hours, a solution of eight grains to the ounce must be used every fifteen minutes.

Ott says it produces want of coördination. This may be explained by its direct action upon the medulla, but this condition may be brought about indirectly by its paralyzing action upon the muscles of coördination.

Bartholow's experiments prove that in warm-blooded animals motility is affected first, then sensibility. He has ascertained further that the end organs of the motor nerves and the nerve-trunks do not lose their irritability, and that the muscular contractility is unimpaired. (London Practitioner, Bartholow on Gelsemium.) This perhaps explains its apparent want of action in tetanic spasms, where it at first sight would seem to be indicated.

According to Taylor, gelsemium increases the flow of urine. He does not, I believe, claim that it possesses any special action on the kidneys, but does it through its dilating action on the renal arterioles.

A toleration of gelsemium, as of opium, may be established if the system be gradually inured to it, so that very large doses may be borne without the appearance of motor paralysis or that extreme lassitude which follows large doses. In some cases extreme diarrhea will follow these large doses, but it seems to be due to an idiosyncrasy, as it is not the rule.

A case of poisoning is reported in the Boston Medical and Surgical Journal where dimness of vision, dropping of the lower jaw, and tingling of the extremities followed within an hour. The mind was clear, but the patient believed herself to be dying; the speech was thick, the tongue stiff, and the lower jaw dropped so that the mouth stood wide open when not supported by an attendant; eye-sight so dim that she could not recognize those about her; pupils so widely dilated that they did not respond to light; pulse 132, feeble; respiration 27, regular. She was treated with carb. ammonia and the galvanic battery, when the symptoms gradually passed off, and she was well on the third day.

Strychnia, brandy, ether, digitalis, etc. would appear to be the physiological antidotes. A writer in the London Lancet has lately collated all the accounts of deaths from poisoning by gelsemium, and in all of

the cases it seemed to have been brought about by respiratory paralysis.

Because of its prostrating effects in large doses its use has been suggested in cerebral excitement and spinal congestion, also in delirium tremens, chorea, epilepsy, and tetanus.

Gelsemium is not indicated generally in inflammatory and congestive diseases, and it is thought to inflict positive injury in active congestion. Acute pneumonia and pleurisy are perhaps exceptions to this rule. It affords rest by diminishing the activity of the respiratory functions. It allays cough, and by depressing the cardiac movements it lessens the pressure in the pulmonary capillaries, and thus the good that it does in this way overbalances the harm that is done by its dilating action upon the pulmonary arterioles. At first sight it would appear that any drug that drains the blood to the dilated peripheral arterioles would be indicated in local congestions, but the vaso-dilators of diseased portions of the body are more susceptible to impressions and recover their tone less quickly than the vaso-dilators of healthy sections, hence more blood is driven to the congested portion, and injury is produced.

If the face is flushed, the eyes bright, the pupils contracted, the temperature elevated, the muscles twitching, and the tongue tremulous, give gelsemium. If the temperature is normal or below, the eyes dull, the pupils dilated, the mind cloudy, the pulse feeble, and no nervousness, do not give gelsemium. Children while suffering from high fever or irritation from any source are especially liable to convulsions. Under such conditions gelsemium is the remedy *par excellence* as a nerve sedative to lessen the liability to convulsions.

This drug seems to produce such a variety of symptoms shown under different circumstances and recorded by different observers, and is recommended for so many different diseases, that it has not yet been definitely classed; but it so universally allays nervous excitability from whatever cause, that it can very properly be classed, as Binz classes it, with the nervine sedatives.

Knowing the physiological action of gelsemium upon muscular fibers, in September, 1877, I administered it in a case of retention of urine from spasmodic contractions of the mouth of the bladder. The catheter could not be introduced, and chloroform was not at hand. I was then driven to try gelsemium, and, to my surprise, with the happiest results. After a few hours, before I returned with chloroform, the urine passed off natu-

rally, and by continuing its use a few days the spasms did not return. I have since seen that others have used it, as I have since done, for the same purpose, nearly always obviating the necessity of catheterization under chloroform.

In those afterpains of multiparæ, and at times of primiparæ, where the continued tonic pains are due to an irritability of the overwrought nervous system, rather than to a physiological process of subinvolution, gelsemium is a most excellent remedy. I give the tincture in twenty-five-drop doses every hour, and have never failed to sedate that hyperirritability of the pelvic nervous system which generally exists during subinvolution. According to my note-book, this treatment has been almost immediately successful in forty-six cases.

The pains of dysmenorrhea and the "nagging" pains of the first stage of labor are greatly alleviated by it.

Neuralgia of the fifth nerve from temporary eccentric irritations not instances of tic douloureux, intercostal neuralgia, and myalgia are frequently cured by this agent when largely administered." (Bartholow.)

In cases of neuralgia of the trigeminus Dr. Massini gives twenty minims of the tincture every half hour for three or four doses, and he finds that the first dose usually affords relief, and that the pain rapidly subsides after a second or third dose has been taken. He has never found it necessary to exceed sixty-minim doses, and only in one case did this quantity produce any unpleasant head-symptoms. The cases in which the remedy produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus. In these it rarely fails. It also sometimes relieves the pain remaining after the stopping of a carious tooth.

In diseases of the respiratory organs characterized by irritation, having its seat or origin in the pulmonary tissues—such, for instance, as hectic—gelsemium has acted well when all the favorite remedies for that symptomatic trouble have failed.

Gelsemium is of great service in convulsive or spasmodic cough, whooping-cough, reflex cough from irritation, hysterical cough, and in some cases of spasmodic asthma, spasmodic muscular cramps, and indeed in all troubles of a spasmodic nature that are due to nervous irritations, producing some sort of muscular contractions.

It is extolled very highly by some writers as an unfailing remedy in the early stages of acute gonorrhea. The fluid extract is given

four times a day, beginning with eight drops and increasing two drops every dose until the patient experiences the peculiar intoxication.

In 1870 Dr. E. A. Anderson made a series of experiments upon the antiperiodic properties of gelsemium, and according to him it made an excellent substitute for the cinchona barks. Dr. W. W. Murray used it subsequently with success in a large number of cases of intermittents; but I do not think its antiperiodic properties have since received confirmation, at least not by coming into general use. Its chief indication in this class of cases is to allay nervous excitement. I invariably give it in all classes of malarial fevers where nervous excitement exists without much pain, in preference to an opiate in any form. Where this one symptom of nervous irritability is uppermost gelsemium will combine admirably with any antipyretic mixture that may be chosen.

It is claimed by a southern physician of large experience in its use that it is almost a specific in bilious and gastric fevers of children, when pushed till they complain of vertigo and double vision; diaphoresis soon follows, and the little patients are convalescents.

In mania with great motor excitement this remedy is more useful than any of its synergists, in large doses, more even than opium.

In order to obtain the physiological effects of this drug, it must be rapidly introduced, and the moment the system is under its influence its effects upon the eye become as apparent as when atropine or morphia have been taken largely.

The physicians of the South, where it is more extensively used than elsewhere, prefer the strong tincture of the green root, eight ounces to the pint of alcohol.

A tincture or fluid extract made from any thing else than the fresh green root is utterly worthless, as the active principle evaporates quickly even in spontaneous drying.

INDIANA.

Miscellany.

THE INCREASED RANGE OF DOSAGE AND THE LAW OF SIMILARS.—No one can fail to have noted (Medical Record) the increased therapeutic range which has of late been given to many standard drugs by simply varying their dosage. We have, indeed, had our materia medica enlarged almost as much

in this way as by the actual addition of new remedies. This extension has been made both by increasing and by diminishing the ordinary dosage, and in each case new effects have been produced. It is perhaps in calomel, strychnine, and the potash salts that a different or a greater power in very large doses is best illustrated. The employment of minute doses, upon the other hand, has been much more extended and has produced more striking results. Thus the use of podophyllin in infantile diarrhea, of arsenic in gastric irritation, of ipecac as an antiemetic, of pilocarpin and Dover's powder, and Turkish baths in night-sweats, of cantharides in urethral irritations and in hematuria, are all notable extensions of the therapeutic range of the particular drug.

Of course such examples as these are held up eagerly by enthusiasts as proofs of a grand therapeutic law. It hardly needs argument, however, to show that they do not indicate either a law or even a uniform series of facts. There are but few drugs which have even this peculiar range we have described, and these do not, as a rule, show their best results in their minimum doses. We doubt if arsenic ever becomes popular in gastritis, or pilocarpin in night-sweats, while ipecac is a most unreliable antiemetic. We need not, therefore, look for any great therapeutic triumphs in the *similia similibus* action of the drop posology. There is a physiological law that substances which at first irritate inhibitory centers, when more energetically given will paralyze them, or what at first constricts a tissue may later relax and destroy it. There is nothing very new in this law; the only novelty is that we are learning of more agents which when given in a certain way illustrate it. These new facts in regard to minute dosage are suggestive and often useful, but they indicate no mysterious or universal law.

A "MOST BENIGNANT DISEASE."—A writer in British Med. Journal says: In last week's Journal Dr. Drysdale thus speaks of syphilis: "As a general rule, the disease as I see it . . . among healthy young women, is most benignant." This reminds me of a remark I once heard from a surgeon: he thought it was a good thing for a man to get syphilis, because whatever should be the matter with him afterward, we could always cure him by giving iodide of potassium."

TO KEEP FLIES FROM HORSES.—A cold infusion of walnut-leaves sponged on the horse is said effectually to keep flies away.

VIVISECTION.—As for the direct practical results, it should be remembered, first, that empiricism is four thousand years old and physiological therapeutics hardly more than thirty. With this in mind, no sane man would condemn the possibilities of the latter from what it has already done. . . . By vivisection Galen discovered that the arteries contained blood, Harvey the circulation, and Aselli discovered the lacteals. Hunter discovered, by the same method, the use of the ligature for his treatment of aneurism, and the laws of collateral circulation. The use of the narrow ligature came also from experiments upon living animals. By the same means our knowledge of fractures and their mode of healing has been practically enlarged. Sédillot justified and introduced gastrotomy by his vivisections; nephrectomy was introduced in the same way. Ollier and Heine showed through it the periosteal reproduction of bone. Vivisection has given most valuable and practical information on the healing of wounds of all kinds. The transfusion of blood is due to vivisection entirely. We have learned from it the mechanism of the heart-sounds, normal and pathological. Before the time of Fothergill digitalis was used but slightly and hesitatingly. The knowledge of its physiological action which he gave us has greatly extended and defined its usefulness. Half a century ago gelatine was a very popular article of diet, especially in France. It was thought extremely nutritious; one pound was alleged to equal six pounds of meat. Magendie and the French Commission showed the falsity and danger of these ideas. The experiments made to determine the functions of the liver and glands of the intestinal tracts have furnished data that are of immense practical value. Witness the extended use of pepsin and pancreatin. Rutherford's experiments have given us a new cholagogue and throw much light upon the action of old ones. Without Liebreich's vivisections we might never have had chloral. Nitrate of amyl comes to us through the same channel; so do many of the uses to which we now put atropia. The antagonism of medicines—as of strychnia to chloral, of atropia to physostigma and opium—could never have been definitely known without practical experimentation. Finally, there have been few contributions to practical medicine which have a higher value than those upon the nature of fever. The experiments of Burdon Sanderson and others, which showed that many of the symptoms

in the various fevers were due to the heat, and were not a necessary expression of the specific poison in the system, would go far of themselves to negative the charge of the inutility of vivisection.—*Medical Record*.

IN conversation with a New York publisher a few days since, we were told that the medical publishers, in fact every profession or trade connected even remotely with the medical profession, were expected to contribute to the Fund for the Reception in New York this month of the American Medical Association. . . . Publishers, instrument-makers, and druggists contributed their quota in money, so that funds were ample for recreation as well as work. In this country the profession has the privilege of paying for its own enjoyment, the annual meetings of the British Medical Association generally proving a very extravagant luxury to many who take a prominent part in them.—*Med. Press and Circular*.

[Is this quite true?]

THE CONTAGIOUSNESS OF SCARLET FEVER AND DIPHTHERIA.—When it is understood that scarlet fever may be communicated by the breath in a second of time and from infected clothing not worn for a year, and that diphtheria often results from contact with impurities in earth, air, and water, parents and school-teachers will see the necessity of excluding children afflicted with or exposed to either disease from entering school-rooms and all places where others would be endangered.—*From the New York State Board of Health Report*.

VACATION.—This is the time for physicians to remember Sir Henry Holland's theory, that a doctor will increase his practice if he takes a month's vacation every year.—*Medical Record*.

[Suppose that all doctors were to follow this advice, where would the patients come from?]

POOR MEN'S BENEFIT SOCIETIES IN ENGLAND.—Lord Carnarvon lately stated in the House of Lords that one hundred and fifty of the registered benefit societies "broke" last year. How vividly this reminds us of American savings banks.

WHITE INK.—The proposal to print books and journals with white ink on black paper as a remedy for myopia has been revived by a Russian physician.

"LOCAL OPTION" IN ENGLAND.—The *Lancet* thus comments on Sir Wilfrid Lawson's resolution lately passed by Parliament: It is monstrous to say that the legislature is to do nothing to abate the misery and the disease and the premature death brought about by drink; and our satisfaction at Sir Wilfrid's success is satisfaction at the fact that we have got a Parliament which means to try to do something in this direction. Those who rightly and generously resent class legislation must study this fact, that the people who suffer by the excessive number of public houses, and the great temptations which they involve, are the very people who ask for more restriction and more regulation. It is idle to assert that the mere political democracy could create such a demand as that implied in Sir Wilfrid's majority, apart from the instinct of the people themselves, teaching them that this drink-question is at the root of English life and prosperity. Education has something to do in our national deliverance from the destructive and degrading vice of drinking. The example of the higher classes has something, too. *The strong teaching by the medical profession, and the stronger effect of its example, are beginning to tell*; but legislation has its duties, too, and we do not see any better combination for guiding such legislation than that of Mr. Gladstone and Sir Wilfrid. Mr. Gladstone will see that honest and sober men get any reasonable amount of alcohol, and his legislation, including his budget, will favor the weaker combinations of it. Sir Wilfrid will see that drunkenness is recognized as an evil, and all who abet it are diminished in number and curtailed in power.

SUCCESSFUL JOURNALISM.—The annual income of the *British Medical Journal* is about seventy thousand dollars, of which probably twenty-five thousand are realized from advertisements; and yet we hear of no complaints that this journal is conducted in the interests of the drug-business. It is only American fastidiousness that originates such objections to this legitimate branch of medical journalism.—*Mich. Med. News.*

DRUG-STORES IN PHILADELPHIA.—There are over seven hundred drug-stores in Philadelphia, says the Reporter, and not one of these could exist on its legitimate business of compounding prescriptions. The superfluity of drug-stores is due to the profits made on patent medicine and counter-prescribing.

SPENCER WELLS'S 1,000TH OVARIOTOMY. Our readers will be interested to know, says the *Lancet*, that Mr. Spencer Wells has just completed his 1,000th case of ovariectomy. The patient is doing well. With Mr. Wells's 888th case he began to treat his cases antiseptically. The results since have been even better than before. Recovery has been more rapid, fever being avoided by the antiseptic precautions. Few surgeons in this or in any preceding age have been able to look back upon such a history of anxious, original, and life-saving work.

A CHILD WITHOUT LIMBS.—At a recent meeting of the District Medical Society of Munich Prof. Ranke showed a female child, five months old, the subject of congenital absence of all four limbs. It was the fourth child of healthy parents; and while lying in its cradle, with its face alone exposed, it presented a perfectly healthy appearance: the facial expression was lively, the eyes followed the movements of the bystanders, and all the senses were well developed. The body was strong and healthy. The shoulder and pelvic girdles, with all their muscles, were present as in the normal condition. The shoulders presented small prominences that were formed by the union of the clavicles with the acromion processes, and covered by little cushions of fat. In place of the lower limbs there was upon each side, over the region of the acetabulum, a projection of skin, which could be somewhat retracted by muscular action into the cushion of fat surrounding it. The movements of the body were extremely lively and powerful. The coccyx was well developed; the child, placed on the tubera ischii and the coccyx, could retain the erect position with little support. Dr. Ranke attributed the deformity to arrest of development, and not to intrauterine amputation. The child at the time appeared healthy and likely to live, but it has since died.—*British Med. Journal.*

THERE are now nearly five hundred licentiates in dental surgery of the Royal College of Surgeons, says the *London Medical Times and Gazette*.

FROM all branches of modern athletics rowing admittedly carries off the palm.—*Lancet.*

THE function of the medulla of bone as a blood-forming organ may be considered as well-established.—*Ibid.*

MILK AS A CAUSE OF TUBERCULOUS DISEASES.—In October, 1874, an interesting and exhaustive paper from Mr. Fleming, a veterinary surgeon to the Royal Engineers, appeared in the British and Foreign Medico-Chirurgical Review. Evidence concerning the infectiousness of tuberculosis, and its accidental transmission from diseased to healthy animals, was given; as well as experimental proof of the production of the disease, not only by inoculation, but also by feeding with tubercular matter and milk from tuberculous cows. And in his work on Sanitary Science, published in 1875, Mr. Fleming insisted on the urgent necessity for preventing the consumption of the milk and flesh of diseased cattle. In a paper recently read by him at Norwich he has adduced further proofs of the extreme danger from this source, and these proofs are certainly startling. Tuberculosis among cattle is greatly on the increase, and especially in the higher bred stock; some authorities assert that five per cent are infected. As dairy-cows are never inspected as to their health, and as they furnish by far the larger proportion of phthisical bovines, there can be no doubt as to the gravity of the question in its relation to human tuberculosis. As the pig, an omnivorous creature like man, and bearing a close analogy to the lord of creation in other respects, is most readily infected by feeding with milk or tubercle, there is every reason to think that mankind, and particularly children, may be as susceptible as the porcine tribe. . . . It is high time that the sanitary condition of milk- and flesh-producing animals was ascertained. At present there is ample scope for free trade in these disease- and death-dealing articles of food. What with private slaughter-houses and unvisited dairies, there is no check whatever.—*Lancet*.

LAW AND MEDICINE.—Dr. Johnson says, in the Rambler: He (Polyphilus) determined to quit physick for a profession (the law) in which he found it would be so easy to excel, and which promised higher honors and larger profits, without melancholy, attendance upon misery, mean submission to peevishness, and continual interruption of rest and pleasure.

THE removal of a scrotal tumor weighing one hundred and eleven and a half pounds, by Mr. S. B. Partridge, is recorded in the Medical Times and Gazette of June 19th. It was about as heavy as the man from whom it was taken.

TYPHOID FEVER AS AN INFECTIOUS DISEASE.—In his last annual report upon the Bishop's Stortford Rural District (British Med. Journal) Dr. Ogle records three outbreaks of typhoid fever, of which the starting-point was the arrival of a girl, ill with fever, from domestic service. He draws attention to the remarkable fact that when a case of typhoid fever is imported into a well-to-do house it rarely spreads to other members of the family, whereas when such a case is imported into a poor cottage it spreads in the majority of instances.

DIPHTHERIA AND MILK.—In his last annual report on Bradford Mr. Harris Butterfield records certain cases of diphtheria that with great show of probability he attributes to the use of infected milk.—*Ibid*.

DUSTY ROADS.—The *quasi*-scientific definition of dirt as matter in the wrong place is never more appropriate than when applied to the dust that flies about in the faces of the people. It would be an interesting though startling experiment to take a mean of the atmosphere of one of our ordinary streets, and estimate the sources and character of the dust with which it is laden. A revelation such as that which would be likely to be made in the course of such a process would be both suggestive and alarming.—*Lancet*.

THAT the visual purple has the power of fixing the image upon which the dioptric apparatus may rest is now a settled fact, and this image remains for a variable length of time, says Dr. Bigelow, of Washington, in the Medical Record.

CHIAN TURPENTINE IN CANCER.—Mr. Alexander Marsden, Senior Surgeon to the Cancer Hospital, says, in British Medical Journal of June 19th: As far as time will allow us to judge, the opinion of myself and colleagues is that the chian turpentine does not possess the power of either curing or arresting cancer.

EXCISION OF THE THYROID.—M. Tillaux lately brought before the Académie de Médecine a case in which excision of the thyroid had been successfully performed for goiter, believed to be of the "exophthalmic" form.—*Lancet*.

ONE third of all deaths occur under thirteen years of age.

Selections.

An Infective Variety of Tuberculosis in Man Identical with Bovine Tuberculosis (Perlsucht).

Dr. Charles Creighton reports, in the *Lancet* of June 19th, in full, eight cases of *perlsucht* as the Germans call it, *melière* as the French call it, or serous or bovine tuberculosis, as it has also been denominated. We condense from the first four cases the following, which will convey a clear idea of the peculiar features of the affection. Dr. Creighton remarks that his observations give no countenance to what is called the "parasitic" theory of an infective disease. He also suggests that some of the outbreaks of typhoid fever in schools, etc. are really outbreaks of bovine tuberculosis. He offers no opinion as to the origin of his eight cases, and makes no mention of treatment:

CASE 1. Male, aged twenty-one, admitted April 14th, cough and wasting for several months, and dyspnea for several weeks. Physical exploration showed disease in the left lung. After being thirty-six hours in the hospital he died suddenly. He slept quietly till about two or three minutes before death; suddenly began to gasp for breath, and died almost immediately.

Post Mortem. Pulmonary arteries were searched for a clot, but none was found. The left lung contained a number of centers of disease, varying from the size of a walnut to the size of a pea; some of them were in the periphery of the lung, projecting on the pleural surface, others were in the center. They were remarkable for their white medullary appearance. The center of the mass was usually softened. In the base of the lung was an extensively excavated mass, into which a branch of the pulmonary artery appeared to open freely, although there was no appearance of hemorrhage having taken place. The right lung contained only one mass, which was felt as an isolated nodule in the midst of the compressible lung-substance; it occupied the hinder border of the lower lobe of its upper margin, and it was distinctly wedge-shaped, about an inch and a half long, of the same medullary consistence and color as in the other lung, and softened in the center. The spleen was very large, and the surface of it was covered with small, flat, white bodies of a pearly appearance, such as are sometimes described as occurring on the spleen, without any particular pathological significance being assigned to them.

CASE 2. Female, aged thirty-eight, admitted March 13th. Had typhoid fever in August, 1879. Has never been quite well since. Now admitted for certain ill-defined abdominal symptoms. Great fluctuation between morning and evening temperature, the record April 8th being 99.2° morning, and 104.5° evening. Acute tuberculosis diagnosed. April 19th became much worse, the face dusky and the respiration rapid. Died on the 20th.

Post Mortem. Both lungs full of translucent milary tubercles of a very small size. Small translucent tubercles on the pleura. In the lower lobe of the right lung there was a well-marked embolic infarct, wedge shape, about two inches long, and one inch and a quarter broad at its base on the pleura. It was quite firm and somewhat tough, not at all broken

down, of dry texture, and brownish-yellow color, not every where of the same shade. In the abdomen there was recent peritonitis, the intestines being glued together. The whole peritoneum was covered with an eruption of large, flat nodules up to the size of a split pea, sometimes confluent, most abundant in the right iliac region, where there were old adhesions. They contained minute points of black pigment. Recalling the fact of typhoid fever six months before, and that healed typhoid ulcers may have black pigment in the cicatrix, I referred the peritoneal eruption to that source, and proceeded to unravel the matted intestines so as to examine the ileum. I found only two healed ulcers; one of them was of considerable size just above the valve, and another half an inch in diameter about a foot higher up. The latter I kept for microscopic examination, and a thickening, partly in the floor of the cicatricial depression, but more to one side of it, has afforded very remarkable specimens. Both cicatricial depressions had minute points of black pigment in their extreme center. The peritoneal covering of the liver and spleen was studded with the same large, flat tubercles as elsewhere. Mesenteric glands not altered in color nor enlarged.

CASE 3. Female, aged seventeen, admitted on 14th of April. Pulmonary symptoms since four months. Physical signs of disease in lungs; fluctuations between morning and evening temperature (e. g. 21st April, morning 100.8°; evening 103°), stupor, sordes, dry tongue, vomiting, delirium at night. Epileptiform fits on 17th and 21st. On the day before death paralysis of left arm and leg; duskiness of face and rapid respiration preceded death on the 27th.

Post Mortem. Body wasted. Left lung adherent, especially to diaphragm, its pleural surface covered with adhesions containing healthy translucent tubercles. The upper lobe was of a rose-red color. In the lower lobe, near its upper and posterior angle, was a single well-marked wedge-shaped embolic infarct one and a half inches long and one and a quarter inches broad at base, of white medullary color, into which a branch of pulmonary artery entered underneath the thin end. The wedge-shaped area of white substance was composed of a number of round masses the size of peas, or larger, touching each other. There was another whitish mass at the extreme base, where the lung adhered to the diaphragm. A number of small white masses, with round central space, as if lined by a membrane. The right lung contained only the smaller kind of nodules. The pleura was studded with minute nodules. The peritoneal surface of the diaphragm on the right side was the seat of a most remarkable eruption of large, flat, confluent, lobulated nodules, from the size of a split pea downward. This eruption was more like that of tumor infection of the serous membranes. The same kind of flat nodules occurred in the peritoneum covering the back of bladder, and in the parietal peritoneum of the right iliac fossa. On the broad ligaments and surface of the uterus the nodules were smaller, more pearly and sessile. There was an embolic infarct in the anterior end of the tempero-sphenoidal lobe of the right hemisphere, yellow softening extending for a short distance on each side of the middle cerebral arterial branch. Milary tubercles in the Sylvian fissure on both sides.

CASE 4. Girl, aged eight, admitted 22d April. Typical case of acute tuberculosis in a child; first signs of it five weeks before. Died on 2d May.

Post Mortem. Large packet of caseous bronchial glands. Abundant tubercles on pleura, both pulmo-

nary and parietal; the tubercles were white in color, sessile, and even pedunculated. Both lungs were full of tubercles of unusually large size and white medullary substance. At the right apex a dense collection of white nodules, having the general outline of a wedge, with some lung-tissue within the outline not occupied by the white substance. The scattered white nodules appeared often to be perforated in the center by a smooth-walled aperture. Tubercles on the surface of the spleen, and in the fissure of Sylvius.

CASE. 5. Male, aged forty years, admitted 9th of May. Pulmonary symptoms for two years. Face congested; tremors of tongue and facial muscles; much prostration; frequent cough, with expectoration of offensive purulent sputa. Evening temperature 104.2° ; next morning 100° . Physical signs of lung-disease on left side (details deferred). Before death his dyspnea increased much; face much congested; perspiration on forehead. Died on the 13th of May.

Dr. Creighton concludes as follows:

My contention is that these cases of tuberculosis are, all of them, cases of bovine tuberculosis; that they show the distinctive and specific characters of that disease in their pathological anatomy, and are related to it in their etiology, and that they have precisely that relation to bovine tuberculosis which glanders in the human subject has to equine glanders. Bovine tuberculosis (*perlsucht, pommelière*) is a disease by itself as much as glanders is. It is only from directing too concentrated an attention upon its histology that one would be led to conclude, with Schüppel, that bovine tuberculosis is identical with the ordinary indigenous or autochthonous tuberculosis of man. It has well-marked distinctive characters, which appear to me to be reproduced more or less in all the cases above related.

I must content myself for the present with summarizing in the briefest way what may be considered to be the salient features of the cases that I have grouped together without attempting to make out the identity with bovine tuberculosis from point to point. The salient points I consider to be: 1. The occurrence of tumor-like embolic infarcts in the lungs; 2. The implication of the bronchial or of the mesenteric and portal lymphatic glands; 3. The characters of the new growth in the wedge-shape infarcts and round nodules (of various sizes) in the lungs, and its corresponding character in the lymphatic glands; 4. The characters of the eruption in the serous membranes and its relative frequency; 5. The microscopic appearances; 6. The element of obscurity in the cases viewed as cases of ordinary or autochthonous tuberculosis; 7. Special points in Case 2.

Hay Fever.—Dr. Charles Harrison Blackley, of London, says the amount of pollen necessary to keep up hay fever in its worst form is rather less than $\frac{1}{3427}$ of a grain inhaled in each twenty-four hours. He knows of no specific treatment for the disease, though many drugs are capable of mitigating the symptoms. It appears that carbolic acid is the most effectual.

For Amenorrhea.—R Ex. aloës, \mathfrak{z} i; ferri sulph. exsic., \mathfrak{z} ii; assafet., \mathfrak{z} iv. M. et in pil. No. c, divide. Sig. One pill to be taken after each meal; this number to be gradually increased, first to two and then to three pills after each meal.—*Dr. Goodell.*

A case of erysipelas affecting successively the pharynx, mouth, breast, face, and lungs is reported by M. Luc, of Paris.

Vaginitis.—Extracts from Dr. J. Matthews Duncan's clinical lecture in Med. Times and Gazette.

Vaginitis is a disease greatly neglected in medical practice and literature. This arises from two circumstances; it is often chronic and slight; and it often forms a part of a more extensive disease, of which other parts are much more urgent, and attract the whole attention of the observer to themselves. The frequency of this disease gives it great importance.

Diphtheritic vaginitis is a rare disease. Erysipelatous vaginitis is a rare disease; and there is a peculiar form of it which is rarer—a diffuse inflammation of the external cellular coat, causing swelling which almost occludes the whole length of the passage; and when this ends in suppuration it sometimes so dissects out the tube of the vagina as to deserve the name para-vaginitis dissecans. Lately I have seen a case of vaginitis with similar inflammation of the cervix uteri, where the disease consists of rounded sloughing phagedenic ulcerations, of one or two lines broad, for whose origin no satisfactory syphilitic account could be given; the ulcers were on the laquear vaginæ and on the cervix. Then an ulcerous vaginitis ending in adhesions is described; and I have seen a pustular vaginitis.

Besides these differing kinds there are varieties of vaginitis as where the disease attacks only parts of the passage, as the laquear, in which case it is very frequently associated with inflammation of the cervix uteri. It also frequently attacks the lower part alone of the vagina, and in that case it is often associated with inflammation of the pudendum. Besides, the inflammation may be of small parts, so that when the vagina is looked at it has a mapped, or a marbled, or a mottled appearance. I have seen also a vagina spotted like a Dalmatian dog, as if the chronic inflammation were only around the openings of numerous little mucous follicles, regularly arranged. Again, as in a case which I showed you in "Martha" last Tuesday, the inflammation may so affect the ridges of the rugæ of the vagina that they alone appear red, the sulci being pale.

Vaginitis may be a local or a constitutional disease. The characteristic acute vaginitis, gonorrhea venereal, or the same disease occurring after marriage, or the same disease occurring after the introduction or during the wearing of a pessary, are examples of local (purely local) disease. If the disease is severe it draws the constitution into sympathy with it, and you have a constitutional affection secondary to the local. But a large number—indeed I think the majority of cases—are constitutional in their origin; they exhibit an order the reverse of that which I have mentioned as characteristic of local diseases; it is the constitutional that brings on the local affection secondary to the constitutional.

In this hospital it seems natural to speak at length on the constitutional origin and treatment of local disease, of which Abernethy made so much. There is an inflammatory diathesis which accounts for the occurrence of local diseases, and this is occasionally well exemplified in lying-in women. Such, while well and tenderly cared for and scrupulously nursed, and after the time of septicemia and pyemia are far past, may have a violent attack of pleritis or pleuropneumonia, for which no explanation can be discovered, and which begins and ends as a simple inflammatory disease, but not a mere local disease; it springs from a constitutional origin, and this origin we call the inflammatory diathesis for want of a more definitely intelligent name. . . .

What are the constitutional conditions which give rise to vaginitis? Alcoholism is the most important; the next is old age; the next is lupus, or rather the constitution accompanying lupus; and the next diabetes, and in this case the vaginitis is generally accompanied by vulvitis.

The importance of this distinction of vaginitis into local and constitutional is seen in treatment. A local vaginitis is to be managed almost entirely by local treatment. A constitutional vaginitis will be very imperfectly and unsuccessfully treated if you pay attention only to the local treatment; whereas if you pay attention to the constitutional treatment, and even omit local treatment, you will succeed. . . .

This inflammatory affection of the whole genito-urinary organs by alcoholism, and of which vaginitis is a part, is not a disease which stands alone. There is a well-described disease, for instance, which affects the same systems of organs, and them alone, in women, called genito-urinary tuberculosis, a good example of which in the post-mortem room is one of the most interesting sights I know. . . .

This form of vaginitis is often easily cured, but it is very liable to relapse; for I have classed it as of constitutional origin; and who will remove lupus from the constitution? . . .

Epoch or age here produces not different diseases of the vagina, but it produces vaginitis of different kinds. You have no vaginitis in childhood. I, at least, have never seen any except of the lower part adjoining the hymen. Then during mature life you have the characteristic acute vaginitis, the venereal gonorrhea, or a like disease, which may owe its origin to a perfectly pure sexual intercourse. An acute vaginitis is not to be so designated, unless it has the combination of characters necessary to entitle it to that name. You must have intense inflammation rapidly coming on after the cause has acted, coming to a climax in eight or nine days, and then rapidly fading and going away altogether, or becoming chronic; and you must have during the height of the disease a copious flow of laudable pus.

The vagina in this disease generally presents a red, raw-like surface, beneath which there is little edema, the rugæ not being obliterated. It is sometimes punctated, which probably arises from the injection of papillæ, and it is often granulated from the same cause.

The vaginitis of old age is generally subacute, and a similar disease is not rare during pregnancy and in the puerperal state. Rarely does the vagina, when inspected, present the same appearance as in the acute vaginitis of youth. It is oftener smooth, having a glazed appearance and feeling, the rugæ being obliterated and reappearing as the disease is cured; and sometimes you see areas over which the mucous surface seems to be destroyed, and these bleed readily, especially when touched. In many of these cases you are consulted not for vaginitis, but for so-called menorrhagia, which the woman supposes she is suffering from; and, as you know, this is an alarming symptom in old women.

This disease, especially in old women, leads to garrulitas vulvæ, not the garrulity of feeble-mindedness to which I have before referred. The vagina secretes air, and the woman may be extremely annoyed by passing it from the body. This is not the only explanation of passing air from the vagina, but it is the only one I at present mention; and I may remind you of the disease called vaginitis emphysematosa. In the subacute vaginitis of old women the

bladder is very often simultaneously affected. The pus is generally thin and green. It is sometimes extremely copious. Although the disease may depend greatly upon the permanent constitutional influence of senescence, it is upon the whole amenable to simple treatment. . . .

Chronic vaginitis of youth occurs in various forms. There is a chronic vaginitis in which the vagina is hard and small, its rugæ well seen, but yet evidently swollen, edematous, and with either no secretion or with the rugæ painted over by an old gray-white accumulation of sordid epithelial detritus. This, which may be called dry vaginitis, has its analogue in a disease of the deep cavities of the nose, which I have suspected as producing peculiar headache and giddiness, and which is assuaged or cured by the same soothing remedies as act on the disease in the vagina.

The chronic vaginitis of old age, as I have already said, is generally accompanied by pruritus, and frequently causes alarm by bleeding.

I have mentioned many forms of vaginitis, and one important practical subject I must discuss briefly in connexion with the forms of this disease. Is it, in any special case, venereal or not venereal? You will, in practice, often be asked this question, and I advise you never to answer it explicitly. You can not decide absolutely whether a case is venereal or not. At one time it was supposed that the discovery of trichomonads, or a leptothrix, or a vibrio, would decide whether it was venereal or not. But this is now given up. I have seen gonorrhea which was certainly not venereal bear every character of the ordinary venereal disease. I do not say that there is no distinction, but only that the distinction can not be made out by the practitioner so as to justify him, from his own inquiries into a case, in giving a decided opinion on the subject. Meantime, the distinctions of venereal gonorrhea are simply marks of severity. It has been said that venereal gonorrhea is infectious, while simple gonorrhea is not; but I have seen every character that can be predicated of the one occur in the other, as I said before, including infection.

What are the characters that make you suspect that a vaginitis is of venereal origin? It begins within a few days (generally two or three) of the infection; it is very severe, and runs an acute course; the secretion of pus is copious, beginning about the third day of the inflammation and remaining copious for about a week or nine days. The vulva is generally affected, so that the woman has more or less difficulty in walking; and the vulva being affected, the inguinal glands are liable to be affected, and you may even have bubo. The urethra is affected, and also the bladder; there is liability to ovaritis and to periorphoritis; and there is the almost certain infection, not only by sexual intercourse, but by the matter touching any mucous surface, such as that of the eye.

The treatment of this disease is so well described in every text-book that it would be waste of time to enter upon it. It must be based upon a careful diagnosis, including the diagnosis of the local or constitutional origin of the disease, the diagnosis of the simplicity of the affection, or of its complication or extension to other parts.

Picrotoxin in Epilepsy.—Dr. Louis Conyba reports a case of epilepsy in an anemic child cured by small doses (two to five per day, half a milligram, equal to nearly $\frac{1}{180}$ of a grain each) continued for over two years, with intervals, when she took no other treatment.—*St. Louis Clinical Record*.

Use of Quinine in Connection with Nervous Sedatives.—Dr. Gray, of Brooklyn (Boston Medical Journal), said great relief was to be expected from the bromides in robust patients, but not to the same extent in the case of the weak and anemic. His own experience had convinced him that there was considerable danger in using them freely in certain instances, and he had met with one case in which a fatal result was thus produced. He was a firm believer in their efficacy in epilepsy, as a general rule; but at the same time he felt that under some circumstances they should be used, if at all, only with extreme caution. For the past two years he had been in the habit of prescribing quinine in connection with the bromides, and he could but express himself as more than satisfied with the results obtained by this combination. At first he had employed it with timidity and in very small doses, as he feared, from what he had been taught, that it might perhaps interfere with their action and only aggravate the trouble present; but afterward he had used it much more freely, and also with very beneficial effects. His practice now was to give first a sufficient quantity of the bromides to produce bromism, and then two or three grains of quinine three times a day in addition. He had met with a few cases in which quinine was not well tolerated, but as a rule such patients were able to stand the full sedation of the bromides; while in some instances he had deemed it advisable to stimulate the system with quinine before commencing the use of the bromides, on account of the weak condition of the patient. All his experience went to show that quinine actually increased the effect of the bromides, hyoscyamin, and belladonna, and he had also found that all these agents were much better borne by the system, as well as more efficient in their action, when administered in combination with quinine than when the latter is omitted.

Cure of Spermatorrhea by the Constant Current.—S. S., aged thirty, consulted me November 25, 1878, for spermatorrhea of a year's standing. The affection, at first trifling, gradually became so severe that several emissions occurred each night, and the defecation and micturition were accompanied by loss of semen. The slightest friction on the glans penis caused the ejection of the spermatic fluid. The erection became gradually less complete, and there was not the slightest pleasurable sensation during the orgasm. The patient was pale, emaciated, complained of headache, dizziness, disturbance of vision, indigestion, and great uneasiness when exposed to a clear light. Cause of the affection, onanism. Potassium bromide, valerian, ergot, and the effect of hydrotherapy were tried in vain. I then used the uninterrupted current, applying the negative pole in the sacro-lumbar region and the positive pole in the perineum for four minutes each day. In three weeks the daily emissions ceased and the nightly emissions became less frequent and copious. Only three applications a week were now deemed necessary. In the following eighteen days only one pollution occurred; and after the galvanic current had been used sixty-eight times the affection entirely disappeared, and the general condition of the patient was excellent.—*Dr. Emil Neumann.*

A case of intestinal obstruction or occlusion lasting thirty-nine days, with treatment by subcutaneous injections of morphia and recovery, is reported by W. H. Lambart, M. D., in the Lancet.

Heidenhain's Theory of Mesmerism.—The distinguished physiologist, Professor Heidenhain, has been investigating the subject of mesmerism, so called, and gives the following view of its pathology: The gray matter of the cerebrum (gray matter of the convolutions) is exhausted by certain fatiguing procedures, and thereby consciousness and will, as well as the regulation of reflex action, are suspended. As a consequence, certain habitual motions (walking, speaking, writing) take place upon peripheral irritations and sensual impressions in general, the excitation passing inward to the vasal ganglia, and thence, avoiding the cortical region, to the periphery again. Naturally through these channels will such responses be obtained as are most frequently traversed by impulses, centripetal and centrifugal; hence many will readily exhibit special movements in imitation which in the case of others will not appear, or at least will be imitated with difficulty. Prof. Heidenhain finds three or four persons out of ten who are "mediums." These do not necessarily belong to the class of hysterical, anemic, or nervous.—*Medical Record.*

Transverse Depressions on the Nails.—For some time there has been a good deal of correspondence and comment on the subject of transverse depressions on the nails. It was asserted that whenever a person is sick it causes such a depression in the nails; and in this way insurance examiners, for instance, might know whether a person is telling the truth when he says he has always been well. Dr. Richard Budd now writes to the Lancet and says that for thirty years he has had transverse depressions on his nails, and yet he has never been sick in his life.—*Ibid.*

[*Per contra*, we have a patient who has been for two years the subject of frequent attacks of excruciating hepatic colic often followed by many days' sickness. Each attack leaves a transverse groove in the nails, which grows out in from four to six months.]

Chloral and Chloroform for Surgical Anesthesia.—M. Trélat recently (British Med. Journal) informed the Paris Société de Chirurgie that for two years past he has used chloral and chloroform in combination for this purpose. About fifty minutes before operation he administers to the patient two grams of chloral and forty grams syrup of morphia, in some cases even giving as much as six or eight grams of chloral. The patient then reaches the operating theater in a state of profound indifference to the operation, and sometimes even in a condition of torpor, and thus much mental anguish before and after operation is saved.

For the Cough of Tubercular Laryngitis.—*R. Tr. benzoici comp., fl. ℥ ii; glycerinæ, fl. ℥ ss; aquæ, fl. ℥ iv. Sig. To be used as a gargle.*—*Dr. William Pepper.*

Erythrophleine.—MM. Sée and Bochefontaine are using erythrophleine (Lancet) in the different cardiac and respiratory affections. The plant from which it is derived, the *Erythrophleum guineense*, is employed in Africa as an arrow-poison. MM. Sée and Bochefontaine find that erythrophleine increases the vascular tension and first slows the pulse and respiration. Then the respiratory movements are quickened, and when death takes place they persist long after the cessation of the cardiac contractions.



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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

HUMAN ENDURANCE.

The following excerpts are from an interesting letter from Dr. J. C. Cutter, resident in Japan, to the Boston Medical and Surgical Journal of July 15th:

The Ainos, the Indians of Japan, are stout, thick-set, very hairy, and with very marked muscular development. They take but little sleep. Their digestive and assimilative powers are most excellent. They require only half as much rice per day as the Japanese coolie (about three fourths of a quart instead of a quart), and without making it up with fish or meat the Ainos will do more and endure more hardship. Upon such a diet they will carry two thirds of their weight on their backs; will cover eighteen to twenty miles per day through swamps and over hills; will continue such exertions for a series of days, and yet keep their condition, under the influence of an atmosphere surcharged with moisture on a July day.

The Japanese boatman, upon a diet of boiled rice and weak tea, with a kind of pickled radish not unlike dock-root for a relish, will row or pole for hours without intermission. Upon a similar diet, with an occasional bit of dried fish, will whirl you along in his two-wheeled "Pullman" at the rate of five to seven miles per hour. These men have been known to draw an adult Japanese gentleman fifty to sixty miles in one day, the same man going the entire distance. I am credibly informed that a Tokio man drew one man ninety miles in twenty-four consecutive hours. . . .

On March 22, 1880, Soma, aged fifteen years, accompanied by two young men, sixteen and eighteen years respectively (a child in Japan is one year old when born), left Tsuischari to walk to Sappow, distance, twelve miles. Just before starting, about 12 M., they partook of a lunch of rice, pickled radish, and tea. Each took with him two handfuls of boiled rice. One had in addition enough ginger pickled

in plum vinegar and salt to serve for relish for two meals. They had no alcohol or tobacco. Each had a small half blanket in addition to the dress of their class—a cotton towel over their ears, an under-garment like a tunic reaching to the knees and opening in front, with large sleeves into which the hands can be drawn, of simple cotton, a cotton-wadded kimono, and a rough Aino coat made from the inner bark of a tree, cotton leggings, cotton shoe-socks, and straw sandals.

Owing to falling snow they lost the path. After wandering about until objects were scarcely visible, they sat down on the snow in the high swamp grass and ate all the rice they had with them, as well as most of the pickled ginger. They soon sank to sleep. That night, according to the records at the weather-station, Sappow, the wind was direct from the ice-bound Gulf of Tartary; minimum temperature, 24° Fahr.

In the morning they had no sensation in their feet or legs; they were unable to move from their resting-place. On the 23d, 24th, and 25th they disposed of *all* their food. On the night of the 28th the eldest ceased to speak. On the next day the middle one spoke his last audible words. From this time Soma lay in the same place, eating snow while it lasted, sipping water out of the adjacent pool, gesticulating and shouting to keep the carnivorous crows from their prey, his companions, having one desire—"to get home." These occupations filled his conscious hours. On account of the constant pain in his legs he did not sleep well.

On the morning of April 19th, attracted by the swarms of crows circling about and perched on the neighboring trees, searchers found the two dead and Soma speechless, pulseless, scarcely able to comprehend the saving party, staring at them with a vacant expression. They crushed some cold rice, added a little water, which they placed in his mouth, and a little of it reached his stomach. He was wrapped in blankets, and on a rude blanket litter reached the hospital at 5 P. M., April 19th, twenty-eight days from the time he left Tsuischari, and twenty-five days since the last pickled ginger was eaten.

When he reached the hospital he could not speak,

opened the mouth with great difficulty, and could not project his tongue, which had a white coating. Movements of the chest and abdomen scarcely to be detected; a low respiratory murmur to be heard; no pulse at wrists; impulse of heart very feeble; valve-sounds indistinct; profound torpor of the brain and intellectual faculties; body excessively emaciated; fat and flesh vanished; the abdomen retracted; eyes sunken deep in the sockets; no reflex action of arms or limbs when irritated. The buttocks were black, and had commenced to fall off; the feet were also black, and both legs were dead as far as the middle third.

Under the influence of warmth, stimulants, and mild food the pulse returned to the wrists the next day. Urine passed involuntarily when he came to the hospital. Upon the third day there was a small black discharge from the bowels. On this day he was able to answer a few questions, but slowly and with a very low and indistinct voice. Since the first week he has steadily improved, intellectually and bodily. The buttocks are now sloughing; the line of demarkation is forming upon both legs. His appetite is fair and steadily improving. His wan and vacant look is slowly vanishing. His mind is quite buoyant.

During these twenty-eight days the lowest daily "minimum" temperature was 18° F.; the average minimum was 33.6° F. The lowest daily "mean" was 26.67° F.; the highest mean 47.6° F.; and the average mean 37° F. On six of the days it snowed; upon five of them it rained; but few of them were cloudless, genial days.

The young man Soma is of medium stature and weight, of fair physique, and is inured to daily labor and exposure in this northern land. He belongs to the "soldier class."

This case is very interesting as an evidence of how long a man may live upon himself and water. While Soma had the cold part of the time to contend against, which necessarily increased tissue-waste, yet the cold, by cutting off the circulation in his legs by freezing them the first night, acted as a conservator of vitality. Had Soma cared to indulge in voluntary autoanthrophagy, he might have devoured his dead and useless legs with advantage. But this thought, although entirely practical, is not an altogether pleasant one. That Soma did not dine off his companions is probably accounted for by a circumstance mentioned in Dr. Cutter's letter—he could not reach them.

DR. TANNER continues, at the writing of this note, on his fast, having accomplished three fourths of the forty days during which he declared himself able to go without food. There is no doubt that, whatever opinions may be formed as to Dr. Tanner's exploit after it has been accomplished, it has been a great puzzle to the physiologists. Now that he has continued thirty days, it is very easy to find any number of people who have gone a similar or a much longer period without food; but we take it that there was not a doctor in the country who, before he heard of it in this case, believed the man could have gone one third of the time without showing thrice the distress that Dr. Tanner has exhibited. Say what we will, the experiment of Tanner is an interesting one; and sneer at its results as we may, the experiment has at least as much scientific value as the majority of physiological experiments possess. In an economic point of view, it is certainly something to know that we eat too much.

Of course there is always going to be a doubt that Tanner has really fasted during all this time. All sorts of suggestions as to possible sources of supply have been made. Beef tea in sponges, through a tube running up the bedpost, etc. have been spoken of; but the man seems to be fairly exposed to public view, and these clumsy methods at least could hardly have escaped detection. The medical press appear to be divided about the matter. The Boston Medical Journal thinks the experiment far from conclusive, and builds its chief doubt upon the fact that Dr. Tanner and his crowd are eclectics. While in a general way we can see some logic in the Boston Journal's position, in the present instance it hardly satisfies inquiring friends. The New York Medical Record, which is closer to the ground, treats the affair with more seriousness and bulletins the results.

Since the objection was raised as to the irregular character of Dr. Tanner's watchers, arrangements have been made for a different set, and the watch now consists of an

eclectic doctor, a regular doctor, and a New York Herald reporter. It seems to us that this is a pretty hard guard to get by; and if Dr. Tanner can elude its vigilance, he is performing well-nigh as wonderful a feat as doing without food. Take it all in all, pending any dispute about the matter, we give it as our learned opinion that Dr. Tanner is living upon far fewer biscuits and considerably less beef than would satisfy us even during these anorexious days.

THE Boylston Prize for 1880 has been awarded to W. Watson Cheyne, F. R. C. S., Assistant Surgeon to King's College Hospital, for his essay upon "Antiseptic Treatment: What are its Essential Details? How are they best carried out in a Practical Form?" The essay was deemed so excellent that in addition to the prize the Boylston medal was added. As Mr. Cheyne is an assistant of Mr. Lister, his essay may be looked upon as partially official, and it will be read with great interest.

The questions proposed for the year 1881 are: I. The Effect of Drugs during Lactation on Nurse or Nurseling; II. Injuries of the Back without apparent Mechanical Lesion in their Surgical and Medico-Legal Aspects. For 1882: I. Sewer Gas: Its Physiological Effects upon Animals and Plants; II. The Therapeutic Value of Food administered against or beyond the Patient's Appetite and Inclination.

Communications in sealed packets with accompanying motto, and without any clew to authority, must be sent to D. H. Storer, M. D., 182 Boylston Street, Boston, Mass.

COUP DE FROID.—What practitioner of medicine has not long since grown weary and sick of that time-worn expression which is dinned in his ears every day of his life, that prime etiological favorite with the female sex and other ready and prodigal diagnosticians—"caught cold." There is no human being above the age of seven years who does not sometimes venture to suggest

this diagnosis to the family physician. Its long familiar use has made it contemptible, not to say disgusting. The French phrase *coup de froid* offers an opportunity for a change. This term, literally signifying a stroke of cold, is really expressive; and to patients who do not know its meaning its novelty and mystery would make it attractive. How repressed—not to say sat down upon—the conceited grandmother of one child would feel were she gravely informed by the medical attendant that what she had been treating by goose-grease and arnica, in her very extraordinary grandson, as a mere cold, was nothing less than a *coup de froid*. How delightfully we could snub and confound for a while at least those pert and patronizing old women of either sex, who so often pester us with suggestions and advice in our practice. And, on the other hand, how much more complacently could Mrs. Nouveau Riche, for instance, endure the stirnutations and nasal liquidations, so to speak, of a *coup de froid*, than she does the sneezing and dripping and other bothers of a common cold.

HAVING a baby in Spain appears to be more than the usually disagreeable affair, at least among royal people. There has been a row among the physicians of the Spanish queen as to where the expected infanta is first to see his not-very-probable dominions. The Austrian wing of the medical council, which the queen brought with her from home, very sensibly wishes his royal patient to continue at the country seat whither she had gone to escape the heat of the city till the interesting event transpires. The Spanish doctors, on the contrary, who form unfortunately a majority of the council, along with the Prime Minister of Spain—who, it appears, is an expert in such matters—has determined to move back to Madrid, as being the only place where a proper publicity can be given to a royal lying-in. The affair seems to have created quite a stir in state and obstetric circles abroad, and Don and

Dr. Cæsar de Jackasse, one of the Spanish medical council, has resigned his learned seat.

THE LOUISVILLE COLLEGE OF PHARMACY. We call the attention of our readers to this estimable institution. Its corps of teachers is learned, experienced, and of the first order of ability. It is a school of which Louisville is justly proud, and in whose success every citizen is interested. Good druggists are little less necessary to human welfare than are good doctors, and bad ones are little less dangerous than bad doctors. The effect of this college upon the science and practice of pharmacy in Louisville certainly has been most beneficial.

THE regulars must look to their laurels, and not let a mere eclectic beat them starving; and yet it seems, with present prices, payments, etc. we ought to have some premium fasters.

THE Chian turpentine turns out to be principally chin.

Original.

THE OPIUM-HABIT AND INEBRIETY.

EDWARD C. MANN, M. D.

In a copy of your journal I notice a paper on the opium-habit, by Prof. E. R. Palmer, of the University of Louisville, in which the use of the fluid extract of coca is spoken of as a possible cure for this disease, for disease it very justly may be termed.

There is very little, or nothing comparatively speaking, in medical literature bearing on this subject of the opium-habit, and in nine cases out of ten a cure is impossible in the patient's own home, so that the medical profession have had to work against great disadvantages in their treatment of this disease. As a great many cases of opium-habit are admitted here for treatment—and with uniformly good results, not a single relapse having taken place in any instance, and as especial attention has always been paid to

this class of cases—we are prepared to speak with some degree of authority respecting the nature of the opium-habit and its cure.

The effect of opium is invariably, although in different degrees, agreeable, soothing, and elevating; culminating, as opium-smokers describe it, in perfect bliss and complete oblivion. This state, however, is soon succeeded by languor, lassitude, loathing of food, aching of the limbs, gloom, and indefinable wretchedness, and these sensations are only relieved by increased indulgence, which gradually results in a complete demoralization of the moral as well as the physical nature. The same curse of destruction of mental and physical health rewards alike the rich and the poor. From the time when the indescribably entrancing repose following the use of opium occurs, may gradually be dated the bondage to the drug which eventuates in ruined health, prostrated business, and blasted hopes.

Many cases admitted here become victims to the habit from the use of the hypodermic syringe, first used to relieve pain, but subsequently kept up, as the patient finds himself or herself utterly unable to live without the stimulus of the opium or to combat the intensely disagreeable feelings which are present when the patient is not under the influence of morphia. The proportions of the fearful habit would be astounding to the medical profession as well as to society if they were fully known, as they date from the cradle, where opium is administered as a soothing quietus to infants, thus insidiously undermining the integrity of their nervous systems, up to the higher classes where the use of morphia is concealed even from the husband or wife, as the case may be, till the mental and physical sufferings become so intolerable that they confess to the physician and ask his aid to enable them to escape from the suffering, the sinking, the wretchedness and restlessness which they suffer from almost continually.

In many cases what at first proved a remedy becomes a gratification, and imparts calmness, passiveness, and agreeable indolence, and an intense subjective sensibility at times, so that the appreciation of society or of music is heightened by the abnormal condition of consciousness. The unhealthy moral manifestations are many. Among them are found abolition of natural ties and affections, estrangement from a patient's own family and indifference to them, an utter disregard of truthfulness and sincerity, and a complete inability to exercise

the will in any direction, except for the gratification of his craving for opium. Such patients, if confirmed *habitués*, are apt to exhibit a disregard of the duties due to themselves and others, and to be, as in the case of the natives of Singapore, who use opium largely, untruthful, cunning, treacherous.

Sterility and impotence result from this habit, as there is an extinction of the reproductive propensities. There may be perversion of hearing and vision, and an augmented or diminished sensibility, as the case may be. There are also troublesome tremors. There is apt to be less of control of the muscles, and an unsteady gait. Some intellectual men take morphine to enable them to think or write better, and I know a lecturer in one of our medical schools who is in the habit of taking morphine before lecturing in order that his faculties may become clear, and his ideas brilliant, precise, and under his control, and his conversational energies improved. Opium, however, will not produce any such effect in illiterate or stupid persons. The action of opium suspends and permanently enfeebles volition and conscience. Whether this is due to its agency upon cerebral substance, that is, whether it is imbibed by the nervous tissues, and creates by such imbibition changes incompatible with pain, for instance; or whether by its action on the brain the will directs the attention of its influence to structural or moral suffering, as the case may be, is a very difficult problem for psychologists. It would seem that the suspension and enfeeblement of the moral faculties produced by opium, while the intellectual faculties remain unimpaired, should depend rather upon a relation between opium and sensibility and consciousness than upon the relation which it has to cerebral substance. A very disagreeable symptom which opium-eaters or *habitués* suffer from is a general hyperesthesia; and the painful nervous susceptibility often becomes so acute that even a jar from a footstep becomes unendurable, while the neuralgic twinges that result from opium shoot along the nerves until the unhappy sufferers, body and mind alike, are shattered from the prolonged torture.

When a man has once yielded himself up to the mastery of this habit or appetite, the soul becomes contaminated, the moral sense obliterated, and all the finer susceptibilities and nobler aspirations decline and fade away. The aim in his life becomes erratic and purposeless, and the *habitué* has the misery and the curse of seeing his children inherit the physical expression of gen-

eral enervation and the mental aspect of dullness and idiocy. These children, with their feeble, broken-down constitutions, inevitably fill, as they grow up, our prisons, alms-houses and insane-asylums, while a great many infants, as I have before remarked, who inherit fairly good constitutions from their parents, are poisoned by that Nemesis of the nursery, paregoric; and the early mortality of such children, with the record of post mortems, reveal that this results in serious effusion of the brain, and in some cases even degeneration of brain-substance itself.

One of the saddest things connected with this habit is the fact that voluntary renunciation of opium by one who has become addicted to its use is unknown to the medical profession. I have treated several of the ablest members of our profession, who have come on to New York from distant parts of the country to place themselves under my care, and every case had tried faithfully and honestly to break up the habit themselves without success. In every instance the sufferings which they underwent while at the minimum doses, and when, as they thought, they were almost off from opium, so racked the nervous system that they gradually ascended the scale again, and after trying this again and again, finally abandoned the struggle as useless and came here for systematic treatment.

When not taken for the relief of pain, opium is generally taken to stimulate but not to disturb the mind, to soothe irritability, to induce placidity, pleasurable feelings, gentle and friendly relations; to restore the strength and activity enfeebled by previous indulgence, and to render the partaker himself capable of discharging his duties and occupations by imparting an artificial and temporary health which at once deceives the victim and baffles the keenest scrutiny. A wan and withered man or woman will apply for treatment with bent figure, slow step, tremulous hand, features pale and haggard, eyes sunken and lusterless, and the patient would appear to the ordinary observer as a man or woman tottering on the verge of life. Let such an one take his ordinary dose of a solution of morphia hypodermically or otherwise, and observe the result. The transformation to a non-professional observer is something miraculous. The gait is firm and assured, the muscular system is restrung, the face has grown in roundness and fullness, and is flushed as in youth; the eye is clear, sparkling, and restless; the conversation of our patient is cheerful and fascinating. But

in a short time his rejuvenescence will fade away into the former spectral appearance.

Opium is resorted to among our higher classes to blunt care, to dry the tears of grief, to calm the tremors of the terror-stricken, and lull clamorous consciences to the coveted rest. In addition to this the wear and tear of our hurried life, and the nervous prostration so common among fashionable women, are temporarily relieved by this habit. When the opium-habitué awakes to a consciousness of his real position it is pitiable in the extreme to know that this state can only be relieved by new and perhaps increased indulgence. There is probably no more terrible suffering than the complete exhaustion, the prostration of mind and body which these patients undergo. The control over the muscles is lost, and epilepsy, paralysis, and an unsteady and ill-balanced gait are all frequent symptoms of this terrible disease. These patients have a full consciousness of their position, but are powerless to emancipate themselves, even if the sufferer be a physician. Their miseries and anguish are extreme, but in spite of all efforts they find themselves forced back again into the habit. These cases, above all others, need medical aid and systematic treatment, and while I cheerfully give to the profession the results gained at "Sunnyside," I am most emphatic in saying that I do not believe patients can be successfully treated in their own homes. I am so thoroughly convinced of this, and am so well satisfied of the necessity of the most watchful care and nursing, complete immunity from the cares and annoyances of daily life and of business, that I always decline to treat such patients in their own homes, as I am frequently requested to do, assuring them that in my opinion such a course of treatment would prove alike unsatisfactory to physician and patient.

The plan of treatment adopted here seems, after a fair trial of nearly all remedies heretofore suggested, including the fluid extract of coca, spoken of by Dr. E. R. Palmer in his paper alluded to in the beginning of this article, to be the best plan of thoroughly curing and eradicating the opium-habit successfully, and as not one relapse has occurred, it may fairly be considered not only a perfect cure, but one which entails no suffering on the patient. We employ at "Sunnyside" a slow, reductionary course of treatment, the dose of morphine being diminished gradually, thus avoiding suffering and nervous prostration; and by the administration of the bromides in combination for about ten

days, at the end of which time the maximum of sedation and the minimum of opium is arrived at. During this period if our patient be sleepless, which generally he is not, we administer half grain ext. cannabis indica to procure sleep, but *never* chloral, as it is very injurious in its effects at this time. The patient is now, after the opium is entirely withdrawn, put on diuretics and a course of warm baths, to eliminate the bromides, which have, by their action on the kidneys, produced a pretty free diuresis, and a milk diet is instituted for the time to guard against the diarrhea which now often tends to appear. At this time the patient is most likely to suffer from sleeplessness, and now chloral in combination with hyoscyamus may be given to the patient, with instructions to take it if he wakes up in the night and finds himself unable to sleep again, as is sometimes the case, the sleeplessness generally occurring after midnight, the patient resting well up to that time. The daily use of electricity as a substitutional stimulant and tonic to the nervous system, now proves a sure and efficient means of stimulating the central nervous system, and also invigorating it, so that the loss of the opium *causes no suffering at all* to the patient. The stimulating and tonic properties of the electricity, faradic current, seem to supply the place to the nervous system of the opium, and in addition a tonic containing $\frac{1}{32}$ grain of strychnia to the dose together with phosphorus and quinia, is given to excite reflex action and build up the nervous system. The patient's appetite now improves; he gains from fifteen to thirty-five pounds of flesh; loses his withered appearance; and regains his natural health and happiness. In from four to seven or eight weeks is discharged perfectly cured.

The physicians who have been here as patients are among the warmest friends we have, as they appreciate even more than the laity what is done for them and their restoration to health, most of them having undergone the torture of endeavoring to cure themselves.

There is no one remedy, in our opinion, whether coca or any thing else, that in itself is an antidote to opium, and which eradicates the habit. The treatment which I have endeavored to make plain is systematic, and involves great care and attention and the best of nursing, and with such care and attention a cure will be invariably obtained not only with no suffering, but with no chance of a relapse.

FORT WASHINGTON, N. Y.

Miscellany.

THE FORMATION OF CALLUS.—Brit. Med. Journal: MM. Rigal and Vignal presented a note on this subject before the Paris Académie des Sciences, which is reported in the *Gazette Hebdomadaire* of June 4th. In 1865 M. Ranvier, in his *Thèse de Doctorat*, and in 1869 MM. Cornil and Ranvier, in their *Manual d'Anatomie Pathologique*, taking experiments as their basis, showed that the callus in simple fractures, in the human subject as well as in animals, in the first instance went through a cartilaginous stage, while in compound fractures it became directly bony in the midst of fleshy granulations proceeding from the medullary substance of the fractured bone. M. Ranvier further demonstrated that the suppurative inflammation had no influence on the progress of ossification in the cartilaginous callus when this was already formed. The writers made the following experiment: From the middle third of the tibia of a full-grown rabbit they removed the periosteum three or four times in succession, so as to thoroughly destroy all its osteogenic properties; then a fortnight after the last removal they fractured the bone in the center. Twelve days after the fracture (at that stage there is always a cartilaginous callus in the rabbit) the animal was killed, and the examination of the fracture showed that in the midst of the fleshy granulations, proceeding from the enlarged canal of Havers, a distinctly bony peripheric callus had formed. This experiment, several times repeated, always yielded the same results. The following experiment is still more conclusive: The periosteum was removed on two occasions at an interval of a fortnight. The wound being cicatrized, the bone was broken in the middle, as in the first experiment, and the animal was killed twelve days subsequently. At the posterior part, where the periosteum had been preserved, the callus had formed, as in simple fractures, by the aid of cartilage; while at the anterior part it was formed in the midst of fleshy granulations, as in suppurating and compound fractures. These experiments seem, then, to prove that the subperiosteal layer, when the irritation is active, as in fractures, contributes to the repair of the bone by becoming transformed into cartilaginous tissue. In another experiment, made upon the same animal, the other conditions besides those to be created being exactly the same, after having divided the skin of one of the legs

and carefully put aside the muscles till the periosteum was reached, the latter was somewhat strongly irritated by rubbing it with a highly-polished surface—an agate burnisher, for instance—taking care not to touch the adjacent parts. On the opposite leg the periosteum was irritated by thoroughly breaking up the adjacent soft parts, so as to bring on a sanguineous effusion. Then both wounds were closed by points of suture, and the animal was killed between the tenth and twelfth days. If union of the wounds in both legs by first intention had been obtained, some osteophytes would have been found under the periosteum of the first, while under that of the second larger or smaller cartilaginous masses would have been found. The last experiment explains the directly bony formation of the points of subperiosteal callus the farthest from the seat of fracture.

DRUNKENNESS AND SUICIDES.—From statistics collected by a director of an asylum for drunkards in Germany, the number of suicides has lately increased in every country in Europe except Norway. In Norway there has been an average of nine per cent fewer cases of suicides during the last ten years than in any preceding ten years—a fact which the German writer attributes to the stringent regulations against drunkenness in force there. In most German countries suicides have increased from ninety to one hundred per cent. For each million of inhabitants there are, on an average, every year in Saxony three hundred cases of suicide, in Denmark two hundred and eighty, in Wurtemberg one hundred and eighty, in Mecklenburg one hundred and sixty-seven, in Baden one hundred and fifty-six, in Prussia one hundred and thirty-three, in Austria one hundred and twenty-two, in Bavaria one hundred and three, in Sweden eighty-one, in Belgium seventy-three, and in Norway forty. —*Med. Times and Gazette*.

WOOD PAVEMENT.—The Corporation of Dublin, at a meeting held this week, resolved that the thoroughfares about to be paved in that city should, opposite hospitals, places of worship, schools, etc., be laid with wood pavement.—*Lancet*.

FIRE BURIAL.—Since 1876 up to the present time there have been sixty-eight cases of cremation at Milan. The last body thus disposed of there was that of Giovanni Polli, the “apostle” of cremation.—*Medical Times and Gazette*.

LENGTH OF LEGS.—Dr. Morton, of Philadelphia, has measured the legs of five hundred and twelve boys from eight to eighteen years of age. In two hundred and seventy-one he found inequality of length. In two hundred and forty-one there was no appreciable difference. Ninety-one showed a difference of one eighth inch, one hundred of one fourth inch, forty-one of three eighths inch, twenty-two of one half inch, twelve of five eighths inch, two of three fourths inch, two of one inch and an eighth, one of one inch and five eighths. In these cases the right limb was the longer of the two in one hundred and ninety-eight cases, and the left the longer in the remaining seventy-three. None of these boys had suffered from injuries or diseases of the bones or joints of the extremities, and none of them were aware of the shortening. These, like all carefully-observed facts, are of value; but it would be perhaps still more conclusive if similar results were found in adults, because there is a great difference between inequality in rate and inequality in extent of growth. The teeth on the two sides of the jaw are not always cut exactly at the same time, though when the process of dentition is complete bilateral symmetry is secured. It would be satisfactory, therefore, if measurements could be made, say of a regiment of soldiers, with a view to corroborate or correct the results of Dr. Morton's measurements. This investigation is important. Already it has rescued a doctor in America in an action for malpractice, in which the plaintiff claimed damages on account of three fourths of an inch shortening after fracture of the thigh. In addition to evidence that inequality of the limbs is not infrequent, a lad in court was measured, and his limbs showed a difference in length of three eighths of an inch. This at once led to a nonsuit.—*Lancet*.

SPINAL CONCUSSION OR HYSTERIA.—An action for damages laid at £2,500 for personal injuries sustained by a forewoman in a milliner's shop, through the alleged negligence of a well-known firm of Dublin apothecaries, was tried before Lord Chief Baron and a special jury last week (*British Medical Journal*). While passing one of the defendant's establishments a shutter, which had been carelessly placed by the porter against the shop, was blown down by the wind, and in falling struck the plaintiff in the back of the head. The carelessness and the injury were admitted, and the plaintiff was offered a sum of £500 as a solatium. This, how-

ever, was refused, and the action was taken. A large number of medical witnesses were examined on both sides, and the usual much-to-be-regretted contradictory scientific evidence was given. On behalf of the patient it was sworn that she had suffered concussion of the spine, and would probably never fully recover her former health. For the defendants it was pleaded that she was suffering more from hysteria than from organic disease, and that in all probability she would eventually regain perfect health. The jury took this view, and awarded the lady only £350. There was some very remarkable medical evidence given for the plaintiff, that caused much astonishment in the minds of some of the medical as well as the legal profession present who heard it enunciated.

THE CAUSE OF OBESITY.—Dr. Emil Querner says, in the *Boston Journal of Chemistry*: In regard to obesity, my experience at numerous dissections suggests the fact that the morbid accumulation of fat in the body (namely, more than one twentieth part of the weight of the whole body) is mainly due to relatively too small lungs, and the consequently insufficient oxidation of the fat of the blood during respiration and the deposition of the same in the cellular tissue. Inactivity of the skin and of the liver seem to be minor agencies for this morbid process, which is augmented by gluttony, long sleep, and sedentary habits. The observation that the use of beer and whisky causes persons to become fat is explained by the fact that these beverages check to a certain degree the expansion of the lungs during respiration.—*Clinical News*.

EUCALYPTUS AND MALARIA.—"There are eight hundred square miles of more or less malarial Campagna," says a correspondent from Rome, in the *British Medical Journal*. He has no faith in the eucalypti as preventives or destructives of malaria. He also says: "*The remedies for the Campagna would be draining and cultivation, not planting it on any large scale nor with any particular tree, and it is to the support of a scheme of this kind that all my efforts have been directed for many years. . . One word as to the value of the eucalyptus as a medicine: I have used it frequently, and I can only say that the man trifles with the life of his patient who treats with preparations of eucalyptus only any severe case of pernicious malarial fever in the climate in which that fever has been contracted.*"

COLOR-BLINDNESS AS A CAUSE OF RAILWAY ACCIDENTS.—Dr. Keyser, who has spent eight months in examining train employes of railroads that center in Philadelphia, has found color-blindness in three and a half per cent of the whole number so marked that they were not able to distinguish one color from another, while eight and a half per cent, although able to tell colors, were unable to distinguish shades, and were thus rendered incapable of performing duties required of railroad men. Two of the color-blind men had educated themselves to know that red is a bright, intense color, as distinguished from green, which they described as dull; but when light green was put before them they called it red. They explained that the green light had at times shown red to them, and they had stopped the trains. But suppose the red had shown green!—*British Med. Journal.*

STARVED IN WEALTHY LONDON.—According to a parliamentary return recently issued there occurred in the metropolis last year eighty deaths on which coroners' juries returned verdicts of death from starvation, or death accelerated by privation.—*Med. Times and Gazette.*

A SENSIBLE SUGGESTION.—We find in the Registrar-general for Ireland's quarterly report (*British Med. Journal*) that the district registrar at Donaghmoyne, Carrickmacross, writes: "I would think it very desirable, as having a sure tendency in promoting the public health, if the reading of some elementary treatise upon sanitary science were made compulsory and encouraged by the national schools, the medical officers of health to have control over the same in their respective districts." It is quite certain that the sanitary condition of the people is to a great extent in their own hands, and that no enactments, nor even wholesome dwellings and pure water-supply, will be thoroughly utilized until the people are educated to know their value and to coöperate with the authorities who provide these sanitary requisites, by personal cleanliness and healthy habits.

DEATH OF PROFESSOR POLLI.—The *Gaz. Med. de Lombardia* announces the death of the distinguished chemist Professor Polli, so well known through his researches on the Sulphites. He was editor of the *Annali di Chimica applicata alla Medicina*.—*Medical Times and Gazette.*

Selections.

On Glycerin in Flatulence, Acidity, and Pyrosis.—Sydney Ringer, M. D., and William Murrell, in the *Lancet*:

An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerin added to milk prevents its souring, and he reasoned thus: "If glycerin prevents milk turning sour, why should it not prevent me turning sour?" and he resolved to try the efficacy of glycerin for his acidity. The success of his experiment was complete, and whenever tormented by his old malady he cures himself by a recourse to glycerin. Indeed he can now take articles of food from which he was previously compelled to abstain, provided always that he takes a dram of glycerin immediately before, with, or directly after his food. He recommended this treatment to many of his friends (sufferers like himself) and one of these mentioned the above circumstances to us.

We have since largely employed glycerin, and find it not only very useful in acidity, but also in flatulence and pyrosis, and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis is the only symptom, but more frequently these symptoms are combined. Some patients rift up huge quantities of wind without any other symptoms than depression of spirits; in others we get flatulence and acidity, one or other predominating; and we meet with others who suffer from acidity, flatulence, and also pyrosis. In all these various forms we find glycerin useful, and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed in several instances it has only partially succeeded, where other remedies at once cured. On the other hand, in some cases glycerin speedily and completely succeeded, where the commonly-used remedies for acidity and flatulence completely failed. We do not pretend to estimate its relative value to other remedies; we are only anxious to draw attention to its virtues.

Gas is in some instances formed in the stomach, in others in the large intestine, in some patients in both. Our observations were made on stomach flatulence, and as glycerin is so readily absorbed we should hardly expect that it would influence the formation of wind in the colon, except given in large doses, and when it acts as a slight laxative, and so expels the putrefying mass which forms the wind.

In some cases it removes pain and vomiting, probably like charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs.

We suggest that it acts by retarding or preventing some forms of fermentation and of putrefaction. J. Mekulics (*Archiv. f. Klin. Chir.*) shows that glycerin prevents putrefaction of nitrogenous substances, as of blood diluted with water, which speedily decomposes at the ordinary temperature of the air. Two per cent of glycerin retarded decomposition for twenty-four hours; ten per cent for five days. If the fluid were placed in the hatching-oven, then two per cent retarded decomposition for several hours, ten per cent for forty-eight hours, and twenty per cent altogether prevented putrefaction. He also proves that glycerin destroys bacteria and prevents the formation of septic poison, though it will dissolve and preserve the septic poison itself.

Dr. E. Murk (*Virchow's Archiv.*) finds that two to three per cent will delay lactic fermentation in milk from eighteen to twenty-four hours.

Burnham Wilmot, 1860, says glycerin preserves meat so that after several months' immersion the meat is sweet and can be eaten; and Demarquay proves that both animal and vegetable substances may be kept for six weeks to two months by glycerin.

Glycerin, however, does not prevent the digestive action of pepsin and hydrochloric acid; hence, while it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. We administer a dram to two drams either before, with, or immediately after food. It may be given in water, coffee, tea, or lemon and soda-water. In tea and coffee it may replace sugar, a substance which greatly favors flatulence, as indeed does tea in many cases. In some instances a cure does not occur till the lapse of ten days or a fortnight.

Illustration of the Specific Aspect of Pneumonia.—James Russell, M.D., F.R.C.P., in *British Medical Journal*:

"Pneumonia," justly observes Dr. Sturges, "occupies a middle place between the specific fevers, so called, and the local inflammations, and has something in common with both." The following particulars, simple in themselves, given to us by a very intelligent wife, whose husband was attended for fatal pneumonia by my friend Mr. Wilders and myself, together with the subsequent history, emphasize that part of the analogy which connects the disease with the specific fevers, in a manner which is probably more frequently accessible, were the introductory stages as carefully observed.

The case occurred in the person of a gentleman aged seventy, of large build and vigorous constitution, but somewhat emphysematous. During the week preceding his illness my friend had been attending him for an unimportant digestive disorder. On the Wednesday he was thrown into a state of intense excitement by a very unpleasant business transaction, and was found by his servant in a state of extreme agitation and tremor. On Friday afternoon he was somewhat exposed to the very cold east wind lately prevailing, and a little again on Saturday. On that afternoon his wife, on her return from an absence from town of some days' duration, found her husband sitting in his greatcoat over a large fire; this, however, was his custom when he thought himself to have taken cold. She thought him pale and rather pinched. He passed a good night, but on the following morning (Sunday) she determined not to go to chapel, as she thought him unwell. He, however, denied being ill, and persuaded her to leave him; but he did not take his usual dinner, and immediately the meal was ended left the table, refusing dessert. Soon afterward, however, he asked for an orange to allay his thirst. During the afternoon he was very thirsty, drinking repeatedly and through a great part of the night was getting up, sometimes every hour, to drink milk or water. In the morning of Monday he readily acceded to his wife's suggestion that he should put off receiving some friends till he was better. On the same morning the only abnormal condition which Mr. Wilders could discover was some pain in left haunch, which soon disappeared. The chest was even unusually free from morbid sounds; the pulse was 74. In the afternoon, being called upon to write a letter, he found himself unequal to the undertaking, and had to hand it over to his wife, only

appending his signature; and having to inclose a second letter in the same envelop he became confused, and she had to give him help.

During the night he became more confused; was getting out of bed continually to pass urine, and on one occasion forgot his purpose and returned to bed, having again to get out in a few minutes. As morning broke the confusion had passed into mild delirium; and at 10 A.M. (Tuesday) Mr. Wilders found his temperature 104.5°, pulse 136, with mental confusion, and scanty but very characteristic rusty expectoration. The urine was free from albumen. He died at 11 P.M. the next day, from failure of the heart, the pulse exceeding 200 to the minute, and the intellect being very confused. The temperature, which had fallen in the morning to 102.4°, had risen above 105°. The expectoration continued scanty; the urine was copious.

He afforded remarkable attestation to the fact that high pyrexia does not necessarily destroy digestion, inasmuch as, with his high temperature, he relished solid food to the last; he ate the breast of a chicken on the day preceding his death; and on his last day ate a chicken sandwich more than once, my colleague most judiciously following the lead of his patient's desire. The tongue was moist throughout. There was a commencing herpetic eruption on the lip. Respiration was 30-36. The single physical examination we were able to make discovered dullness with crepitation quite at the base of the left lung.

Milk and Limewater.—Milk and limewater are frequently prescribed by physicians in cases of dyspepsia and weakness of the stomach, and in some cases are said to prove very beneficial. Many persons who think good bread and milk a great luxury frequently hesitate to eat it for the reason that the milk will not digest readily: sourness of stomach will often follow. But experience proves that limewater and milk are not only food and medicine at an early period of life, but also at a later, when, as in the case of infants, the functions of digestion and assimilation are feeble and easily perverted. A stomach taxed by gluttony, irritated by improper food, inflamed by alcohol, enfeebled by disease, or otherwise unfitted for its duties—as is shown by the various symptoms attendant upon indigestion, dyspepsia, diarrhea, dysentery, and fever—will resume its work, and do it energetically, on an exclusive diet of bread and milk and limewater. A goblet of cow's milk may have four tablespoonfuls of limewater added to it with good effect.—*Exchange*.

Cocaine is the alkaloid derived from the leaves of *Erythoxylon coca*, or *coca*, as it is sometimes called rather than *coca* (*St. Louis Clinical Record*). Dr. Roberts Bartholow states that it acts, like theine and caffeine, as an indirect nutrient, by checking waste, and hence a less amount of food is found necessary to sustain the economy under its use. This is the reason, he thinks, that it lessens fatigue and increases the respiratory powers. He is also of the opinion that it would prove useful in phthisis, in wasting diseases, and in convalescence from acute disorders.

Phosphate of bismuth is recommended by M. Tedenat, of France, as superior to subnitrate. It acts in smaller doses, being more soluble, and is applicable to the same conditions for which the subnitrate is employed. The dose is one to two grains for an adult.

A Case of Double Epiglottitis and Double Voice.—Dr. Thos. R. French, in the Annals of the Anatomical and Surgical Society:

The case is that of a man, thirty years old, born in this country, by occupation a singer and contortionist at variety shows. He came to me complaining of a weakness of the voice; that he could not always grasp the note at the beginning of a piece or turn of a song. He has the ability to command with ease the chest and the falsetto registers, and in singing has a baritone and a falsetto voice. Neither gives him the least discomfort, and in ordinary conversation he has no preference as to which to use. In his family he uses the high voice entirely, but in business prefers the low voice. He uses either according to habit or association, and asserts that many of his friends are not aware that he has two voices. He gained the extra voice when he was sixteen years old. In singing he always uses the high voice, as with it he can command a greater compass. In the high voice he has the upper and lower range in the falsetto register, and can run the scale from A to F. The compass of the low voice is so small that he can not reach the high notes of an ordinary song with it, and in singing only uses it to break into the falsetto voice and produce a sensation. He may be said to command the lower range in the chest-register, and can run the scale from A to A. His throat externally is very prominent on account of an angular curvature of the spine in the dorsal region. The cricoid cartilage is large, and has a deep V-shaped notch in its upper border. The mouth and throat above the base of the tongue are quite normal in shape and condition. There is a marked double arrangement of the glandular tissue at the base of the tongue. *The epiglottitis is double.* The right half of the cartilage overlaps the left to a slight extent. The division in the mucous membrane extends down to the median glosso-epiglottic fold, but the division in the cartilage must extend further, as during the production of the falsetto voice the lateral halves move inward, as if they were hinged in the middle. The difference in the length and width of the cords, as well as the elliptical opening in the falsetto register, and apposition in the chest register, can readily be demonstrated.

As to whether the peculiar formation of the epiglottitis has any thing to do with his ability to command the two voices, I am not prepared to say; but it is very probable that it has, for when the sides of the epiglottitis are drawn in during the formation of notes in the falsetto register, the caliber of the laryngeal cavity is decreased to a considerable extent, and thereby probably renders the production of the falsetto voice easier.

Treatment of Hemorrhoids by "Crushing."

Mr. George Pollock has an article on this treatment in the Lancet of July 3d. The instruments figured are not unlike bullet-molds, and this latter instrument would doubtless mash the tumors successfully, but we doubt if many patients outside of hospitals will submit to such treatment.

Nerve-stretching as a Remedy for Sciatica.

Dr. Jas. P. Bramwell reports, in the British Medical Journal of June 19th, cases of cure by this means.

The case of an infant nine days old with pyemia, followed by recovery, is reported in the Annals of the Anatomical and Surgical Society.

Treatment of Constitutional Syphilis by Sulphate of Copper.—Drs. Martin and Oberlin (Medical Record) gave a brief report upon this subject at a late meeting of the Paris Academy of Medicine. The authors treated fifty patients, who showed various manifestations of syphilis, by the copper sulphate. The results were quite satisfactory, the fifty patients all being cured. A comparison of this method was made with the ordinary mercury methods, and it was found that the copper salt proved more efficacious and required less time for its beneficial action than did the mercury salts. The copper was also well borne by most patients. In only one case it produced initial vomiting, followed, however, by permanent tolerance of the drug. In a case of very grave syphilis, when mercury had proved useless, the administration of copper effected a rapid and complete cure. In a few patients the gums became affected, a greenish tint appearing at their free border. But this cupric gingivitis yielded more rapidly than the analogous mercurial affection ordinarily does. Actual sponginess of the gums was not observed. The salt was exhibited by the mouth in doses of one sixteenth to one sixth of a grain per day. An aqueous solution was employed. External application was also made by adding five drams of the salt to a full bath.—*Gaz. Méd. de Paris.*

A New Remedy for Chronic Cystitis and other Chronic Inflammations.—Frank H. Hamilton, M.D., read a paper on this subject before the New York Academy of Medicine. In August, 1875, he was consulted by G., aged sixty-three, for chronic cystitis. The patient had always been of temperate habits, except in tobacco. He had for a long time worked extremely hard, neglecting his health. A year before consulting Dr. H. he had been obliged to cease work on account of cystitis. He tried quite a number of remedies with no success. When seen by Dr. Hamilton he was emaciated and weak. He had to pass his water every half hour or hour, and at times suffered intense pain in the bladder. Appetite and digestion were impaired. He had no stone nor enlarged prostate. His urine contained about twenty-five per cent of pus with renal casts.

He was advised to drink flaxseed tea for its aperient and diuretic effect, to take a hot bath every night, and to ride horseback every day. The flaxseed tea was soon given up, as it disturbed digestion. The hot baths were soon discontinued. The plan of horseback riding was at first protested against, as the least jolting gave him great pain. It was, however, undertaken. At first the horse was walked very slowly. At the end of a month he was able to ride two miles. At the end of two months the pus had disappeared from the urine, and in six months he was completely well.

Dr. Hamilton said that this was not the only case which he had seen benefited by the same kind of treatment. A physician of New York City had suffered for a long time from chronic cystitis and pyelitis. Medicines and rest had been faithfully tried, but with no effect. He finally began drinking flaxseed tea and riding horseback. He was completely cured, but ascribed some of the good to the flaxseed tea.

Another physician with whom he was acquainted had suffered in the same way, and had been cured in much the same manner, though in this case the patient had driven in a carriage more than he had ridden.

Extraordinary Case of Ascaris Lumbricoides.

Dr. Fauconneau-Dufresne relates (Med. Times and Gazette) the following case (*Union Médicale*) which, as regards the number of worms discharged, he believes to be unique:

In the year 1876 a lad, twelve years of age, exhibiting some symptoms of worms, some chopped garlic boiled in milk was administered to him, and in the course of the day he passed at different times fifty ascarides lumbricoides. He continued to pass more and more every day, so that he evacuated as many as six hundred in the same day, the worms being enveloped in a mucus resembling the white of an egg in appearance, and rolled up in a ball, separating themselves after their ejection. At first they were only passed by the anus, but in a short time they were expelled also by the mouth, and in the end exclusively by the latter. During five months he did not fail to discharge worms daily, generally from three hundred to four hundred.

When Dr. Fauconneau-Dufresne first saw the boy, in July, 1878, he had passed fewer for some time past, and he found him with a pale, puffed, and very emaciated face, eating much, but usually vomiting the food soon after he had taken it. Sometimes the worms were expelled with the food, but generally they were voided alone. The worms were discharged living, were five or six inches long and about as broad as a quill. Besides the garlic he had taken some pomegranate, and now castor oil and calomel, together with occasional doses of garlic, were prescribed. This treatment produced a continuous diarrhea; but he had a good appetite, passed fewer worms, and was able to go out, and even to school. Seen again in January, 1879, when Corsican moss was prescribed. The worms were passed less frequently during this month, and in smaller numbers, and almost always dead. During February the moss was continued, with occasional purgatives, and the worms were much fewer and dead. In March and April both dead and living worms were discharged; and at the end of the latter month santonin and calomel were prescribed. These had to be suspended from time to time, but the number of worms kept continually diminishing, and from August, 1879, to May, 1880, none whatever had appeared.

The total number of worms counted during the three years, and for the most part ejected by vomiting, was 5,126; many more than this having also been passed without having been counted. The greatest number recorded by M. Davine amounted to 2,500, which were passed in the course of five months.

The Kola Nut of Africa.—The value of the kola nut as a drug consists in its sustaining and bracing power on the human system. This appears to be somewhat similar to that claimed by the Peruvian mountaineers for the coca leaf. By the natives they are asserted to promote digestion and ward off inordinate danger, to relieve thirst, to sustain physical strength, and to give endurance under prolonged exertions.

Picropodophyllin.—This is the name given to the active principle of podophyllin, a white crystalline substance, discovered by Dr. Podvisotsky, of the University of Dorpat.

For Sore Nipples.—R Tannin, \mathfrak{z} i; subnit. bismuth, \mathfrak{z} ii; vaseline, \mathfrak{z} i. M. Sig. To be applied constantly when the child is not nursing.

Danger Attending Administration of Chian Turpentine.

—Mr. William F. Marsh Jackson writes to the British Medical Journal: A patient of mine suffering from cancer of the pancreas, eager to catch at any straw, procured, unknown to me, a box of chian-turpentine pills from Mr. Clay, of Birmingham. She took in all about thirty pills, when, finding herself no better, but rather worse, she discontinued the medicine. She began the pills on April 27th. On May 25th, or about three weeks after taking the last pill, she vomited a solid, sticky, yellow, fish-shaped mass, smelling strongly of turpentine, weighing one hundred grains, and measuring two inches and a half by three quarters of an inch, and being in depth a quarter of an inch, apparently a crude undigested block of chian turpentine.

Oleate of bismuth in catarrhal and gouty eczema, and in gonorrheal and otorrheal discharges, is commended, in the British Medical Journal, by Dr. Louis Lewis.

Cerebral Thermometry.—Dr. Franck, in a paper which he read at the Biological Society, observed that he was of opinion that the clinical observer could derive no precise indications from cerebral thermometry (Medical Times and Gazette). Prof. Paul Bert stated that he was nowise surprised at M. Franck's conclusions, and it is for this reason that he had himself abandoned the researches he had undertaken on this question. In fact, it has now been amply shown that with the exception of the two facts—first, that the temperature of the anterior part is raised under the influence of intellectual exertion; and secondly, that a similar elevation takes place in the same points in an infant on awakening—there is no conclusion to be drawn from local thermometry applied to the brain.—*Gaz. des Hôp.*

The treatment of asthma by hypodermic injections of pilocarpin is highly recommended by Dr. Berkart, in the British Medical Journal.

Morphine in Puerperal Eclampsia.—Dr. C. C. P. Clark recommends (Amer. Jour. of Obstetrics) in cases of eclampsia the hypodermic injection of *a grain and a half of morphine*; and "if you guess at the quantity, unless an expert at it, double the dose." In support of this heroic dosing Dr. C. says, "Why should this peculiar *intolerance* be incredible? It is but the analogue of the way in which the same medicine is borne in peritonitis; alcohol in snake-bites, typhoid fever, and so on." Then, in consideration of the skeptical doctors, Dr. C. compromises the matter like St. Paul, "'so I may win some.' Let my reader give *one* grain only, repeating it according to my directions on occasion. I think that that will *always save* the patient." [The italics are our own, and are meant as beacon-lights.]

Cesarean Section ending Fatally.—A case of abdominal pregnancy treated by laparotomy, by Dr. Montrose A. Pallen, is reported in the Amer. Jour. of Obstetrics. The diagnosis was not made until the incisions revealed the state of affairs. The obscurity of the case was due to the extreme height of the cervix, making an examination through its canal utterly impossible. The diagnosis before the operation was "that of extreme ante flexion of the cervix and encapsulization of the head, with a retroflexion in the excavation."

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

GREEK IN MEDICAL EDUCATION.

AT the session of the General Medical Council of Great Britain, held on the 9th day of last month, a motion was made by Dr. Leet that on and after the 1st day of January next Greek be included among the compulsory subjects of the preliminary examination for medical students. The motion gave rise to some very interesting debate, in which some very opposite views were expressed. We extract from Medical Times and Gazette:

Dr. Storrar said he had fought the battle for Greek as long as he could, but had finally given it up, because there was such a demand for modern education that to insist on both Latin and Greek as a part of the education of young men was perfectly preposterous.

Mr. Simon thought nobody could pretend to say that Greek was directly necessary for a man in the medical profession. He would be the last man to undervalue the study of Greek, but to say that nobody was to enter the profession without a knowledge of it would be going far beyond their competence. There were two grounds on which it should be included. It was undoubtedly desirable that men entering the profession should be qualified to take their places with the best educated people in the country (hear, hear); but the profession was largely recruited from a class of people with not a great deal of time or money; and if they were to press the doctrine too far it would be unsustainable, because it would limit unduly the supply of men who could enter the profession. The question to be considered was, What was the minimum preparation with which a man who came to learn medicine could learn it in four years. (Hear, hear.) Those conversant with the work of the class-room knew that one of the

chief difficulties of medical education was that men came up not quite able to understand the language talked to them. They attended anatomical lectures, where ordinary mathematical expressions were used, which they were unable to understand. [Dr. Haughton: And Greek expressions.] And Greek expressions; but the less of those used in the class-room the better (hear, hear), because the more the teacher descended from Greek and talked common English, the better for his class.

Dr. Rolleston said money measured all things, and the fact was Greek could not be afforded.

Dr. Haughton thought nothing was so distressing as to try to teach the uncultivated brute of a student who had never learned Greek (hear, hear); he knew not one part of the body from the other, and the teacher had no end of trouble. For his part he found that the more Greek and Latin a man knew, the more precise and terse his language, and the more agreeable his conversation was. He hoped that Greek would be preserved as a necessary requisite for university graduates.

Sir William Gull thought that for the practice of the medical profession a man did not want Greek. They were legislating not for the faculties, but for the ordinary practitioners of the country; and although Greek and Latin were most excellent things in themselves, they were not the things on the faith of which the public put confidence in the profession. Instead of teaching men a great many subjects, they should be taught how ignorant they were, so that a spirit of inquiry and research should be awakened and fostered, and they should go on teaching themselves all their lives.

Sir James Paget said it would be absurd to suppose they could require from a candidate entering the profession such a knowledge of Greek as would have any refining influence on him. All the knowledge of Greek that could possibly be required would be a mere smattering, which after twelve or eighteen months' study would completely vanish. If it were possible to require a large knowledge of Greek, such as would serve as a mental discipline, or give a man a claim to be classed with the highest society, it would be worth having, but that was impossible. It

might be that they could not require an extensive knowledge of any of the subjects which were made compulsory; but if a man had an elementary knowledge of chemistry or mechanics, every hour that he was in the profession would increase his knowledge of those subjects; but that would not be the case with Greek, because in order to go on acquiring a knowledge of Greek men must carry Greek books about with them continually, and not only do that, but read them continually, which they had not time to do.

Upon the motion being put to the vote it was negatived, there being four votes in favor of it and seventeen against it.

"In bad English eulogize the Greek" sang Saxe; but we are delighted to see that when it comes to the "good English" who represent the Medical Council of Great Britain, they don't do it so far as physic is concerned. It was remarked by one of the gentlemen that "Greek would be cultivated for its own sake." That is a broad enough bottom for it to stand on, and there is no danger of its perishing. We have an occasional "Dr. Haughton" in this country, but we are glad to think that there are not many who represent his extreme views on the question of Greek. The old saying about "who shall watch the watchmen" applies with wonderful force to medicine. Profound general education is not common even in the highest ranks—not perhaps even among those who are loudest in their demands for impossibilities in preliminary education. Heaven and the several faculties know that the average American medical student is not overloaded with antecedent lore. We wish greatly for him to be improved in this respect. Meanwhile we would not slay him with Greek—we would commence mildly with fair spelling.

THE MIRACLE OF THE IODIDES.—Who shall say that therapeutics is without its romance? It was before the laryngologists, in the days of the Second Empire, eight and twenty years ago. R— was the first tenor of Paris. Scarcely any one could sing even second to him, and he held the French capital enslaved within the compass of his gamut. But suddenly his song ceased. Days

passed and he came not on the boards. Was he tired?—perhaps. Weeks went by and he warbled not. Was he not well? He was not well. Then weeks ripened into months and months into years, and R— had been consigned to the brilliant past of the opera. But one day, after a silence of two years, it was announced that he would sing again, and in his old rôle, in *Favorita*. What a rush there was to see the resurrection, and to judge if the tradition of his song were true! The emperor was there with Eugénie; Magnan, commander of the garrison, a hundred thousand strong; the admiral of the fleets; De Morgny, in all his supposed brilliancy; and what concerns us most, the *Ecole de Médecine* was out in full force; and Ricord was there in the zenith of his fame. R— never sang better. His melody came by the gushful. The storm of applause shook the roof. Rising even above the rest of the din, quaking the towers somewhat, were the plaudits of Ricord—Ricord who notoriously knew not one note from another, save those upon the Bank of France. Marshal Magnan sat beside him. "How comes it, Ricord," he said, "how comes it thou cheerest the music so vociferously—thou who diagnosest not between A minor and B flat?" Then answered him the great Ricord, "Hang the music, Magnan (*sacre musique!*); it is the Iodide of Potash I hurrah!"

Reviews.

Transactions of the American Dermatological Association, with the President's Address, at the Third Annual Meeting, held at the Park Avenue Hotel, New York, August 26th, 27th, 28th, 1879. Official Report of the Proceedings by the Secretary, Dr. R. W. Taylor. New York: A. G. Sherwood & Co., printers. 1880.

This volume of one hundred pages is exceedingly creditable to the American Dermatological Association, evincing, as it does, scholarship and industry of an exalted character. The address of Dr. Duhring, its president, is a valuable historical document, and is the result of great labor.

On assuming the chair for the second time, the president remarked that not only had the

papers read been most valuable and the discussion most interesting, but that "a most complete harmony had characterized all the proceedings." The following extract from the proceedings, though no doubt entirely justifiable in Dr. Taylor, and entirely deserved by Dr. Heitzmann, can scarcely be called "harmonious:"

Dr. Taylor remarked that Dr. Heitzmann seemed to think that no one had ever studied syphilis under the microscope except himself; and that when he once took the subject up the whole matter would be adjusted without the slightest difficulty, and all the scientific world would then bow down to him and accept his opinions as infallible. He wished it to be distinctly understood, nevertheless, that the various points stated by him in the paper had been studied with the microscope in the most minute and careful manner by such authorities as Lancereaux, Wagner, Connil, and many others equally distinguished. He was astonished that Dr. Heitzmann did not seem familiar with the amount of work done with the microscope by the French and Germans especially. His remarks certainly led to the inference that the doctor thought the subject as yet unstudied. He would await with considerable curiosity the results of the doctor's studies and investigations, and he would remind him that they would, like those of all other observers, have to stand the test of criticism. He was amused at the insinuation thrown out by Dr. Heitzmann that the matter would be settled by him in a year or two in a satisfactory manner if *he* only took it up. He would remind him that the most eminent authorities here and abroad had already pronounced some of his views on microscopic subjects false and visionary, and that his results of investigation with that instrument were accepted only by a few, most of whom were his students.

The membership of this association is not large, but its members are untiring laborers. We regret to observe that the sentiment of the society is in favor of the local origin and treatment of skin-diseases instead of their constitutional origin and treatment.

American Newspaper Directory, 1880. George P. Rowell & Co.

The directory is issued by the advertising agency of G. P. Rowell & Co. It contains the names of journals and newspapers of the United States, advertisements of these, and (as it avers) their circulation. It is an old blackmailer, however, as we have previously said, and not trustworthy. It says of itself: "Its popularity with the press has been even greater than with advertisers. A single issue has contained upward of twenty-six hundred advertisements, amounting to an aggregate in excess of \$50,000." Indeed! Advertising through agencies costs double, is a poor business to all save the middle man, and we want none of it.

Correspondence.

INJECTION OF CHLOROFORM IN LUMBAGO.

To the Editors of the Louisville Medical News:

B. W., a farmer, was attacked about the middle of March last with acute lumbago, by which he was confined to his bed eleven weeks. Had been treated during this time with tonics and counter-irritation, etc. without benefit. I found him, June 10th, lying upon the bed, unable to rise without assistance; severe pain in back and limbs while sitting.

I injected ten drops of chloroform in the lumbar region on the right side, giving great comfort. In three days after I injected fifteen drops more upon the left side. In ten days he was able to go about comfortably and slept well, whereas before he scarcely slept at all. He is now (July 12th) well, following his usual occupation.

The pain accompanying the injections was severe, lasting ten or fifteen minutes. For the relief of this a cold compress was applied over the parts for half an hour, with great benefit.

W. A. BRADFORD, M. D.

BUTLER, KY.

COCA IN THE OPIUM-HABIT.

To the Editors of the Louisville Medical News:

Seeing in the May number of the NEWS an article by Professor Palmer, headed The Opium-habit—A Possible Antidote, I determined to give it a trial, and now send you the following report as the result:

Mr. J. T. B. commenced using opium in April, 1862, for chronic diarrhea contracted in the late war. Since that time he had used on an average two ounces of opium a week. The coca treatment commenced June 24th. On the 25th he took ten grains opium, on the 27th two grains morphia sulph., on the 29th one and a half grains of morphia, July 1st one grain of morphia, July 3d three quarters of a grain of morphia, and on the 5th, 7th, and 9th one sixth grain of morphia. He took the coca *ad libitum*, or whenever the system demanded the opium. He took, as above stated, opium and morphine for several days. This he did, as we verily believe, for fear the coca would not cure him, and to-day says had he to go over it again he could stop the opium at once. After getting from under the influence of the opium he had a considerable diarrhea, which was readily con-

trolled by ten-grain doses subnitrate of bismuth.

It has been near two weeks since he took any coca, and no opiates since the 9th of last month, and today looks like another man. He says he is cured, and I believe he is. He has spent about eighteen hundred dollars for opium and patent nostrums said to cure the opium-habit.

BENTON J. HON, M.D.

ORLEANS, IND.

Books and Pamphlets.

THE HISTOLOGY OF THE BLOOD-VESSELS. By Edmund C. Wendt, M.D., New York. Reprint from New York Medical Journal, July, 1880.

REPORT OF COMMITTEE ON CONSTRUCTION AND MANAGEMENT OF PRIVIES, made to the Executive Committee of the New Orleans Auxiliary Sanitary Association, April 17, 1880.

FRACTURE OF THE POSTERIOR LIP OF THE LEFT ACETABULUM, WITH A SPECIMEN. By H. O. Walker, M.D., Lecturer on Anatomy and Genito-urinary Diseases in the Detroit Medical College. Read before the Detroit Academy of Medicine, May 27, 1879. Reprint from the Detroit Lancet, July, 1879.

SYMPATHETIC AFFECTIONS OF THE EYE. By C. J. Lundy, M.D., Professor of Clinical Diseases of the Eye and of Diseases of the Ear and Throat in the Michigan College of Medicine, and Ophthalmic and Aural Surgeon in charge of the Michigan Free Eye and Ear Infirmary, Detroit. Reprint from Leonard's Illustrated Medical Journal, July, 1880.

DIABETIC CATARACT, IRITIS, ETC.: A Clinical Lecture delivered at the Michigan College of Medicine. By C. J. Lundy, M.D., Professor of Clinical Diseases of the Eye and Diseases of the Ear and Throat. Reported by A. Thuener, M.D., Assistant Surgeon to the Michigan Free Eye and Ear Infirmary. Reprint from Michigan Medical News, June 10th, 1880.

Miscellany.

A HANDSOME SPEECH.—The toast to "The Medical Society" was responded to by Dr. D. W. Yandell substantially as follows at the late meeting of the Kentucky State Medical Society:

Mr. Chairman: If you will run your eye over the beautifully-embellished cards which lie at our plates, you will observe that I am expected to reply to the toast to "The Ladies," and that my friend the venerable gentleman on your right, the present president of our society, Dr. Dunlap, was the person selected to respond to the toast, "The Kentucky State Medical Society," but by some

sleight of hand the order of both men and toasts has been changed, and "The Ladies" are transferred to that most capable and chivalric gentleman, Dr. Singleton; while our excellent president has, with his characteristic rashness, chosen me to speak in his stead. The pleasure which will ensue to you from the first change in the programme reconciles me somewhat to the disappointment which I fear will result from the latter. And yet, Mr. Chairman, when I look about me and realize the fact that I have been longer a member of this society than any one now present; that it is given to me to be able to recall the occupants of more vacant chairs at this annual banquet than any one else here can do, there would seem to be a certain fitness in my speaking to the toast.

If you will but turn, sir, to the membership of the Kentucky State Medical Society, you will find it to include names of men who have occupied prominent places in American medicine; of men who, by their lives and their work, have illustrated much that was best, and worthiest, and loftiest in our calling. Run your eye over its Roll of Honor. There is Caldwell, physically colossal, stately of speech, and ponderous, who did so much to shape medical teaching in the West. Miller, slow and of thoughtful mien and judicial mind, whose work on obstetrics was esteemed in its day one of the ablest treatises on that subject. Cobb, tall, graceful, gifted, fascinating. Bartlett, the suave and the gentle, delightful as a lecturer, charming as a writer. Ethelbert Dudley, a brilliant surgeon, a brave soldier. Bradford, prudent, independent, fearless, who pushed his successes in ovariectomy beyond the figures fixed for it by its illustrious founder. Bush, quick, zealous, cunning of hand, clear of head—of all her citizens best loved in this rare old town. Chipley, of sturdy frame and massive head, who labored so long and so well in his saddening specialty. Jackson, tireless, intense, original; busy with his pen, laying down his work but with his life, which his studiousness had done so much to shorten. Rogers, dignified, sedate; whose rare judgment and insight into disease, and thoughtful consideration for the wants and the weaknesses of the sick, made him *facile princeps* of all our guild who lived in Louisville. Breckinridge, who, true to his lineage and the traditions which gather about his great name, so won all who ever listened to his silvery tongue. Drake, the restless, the vivid, the many-sided, whose ashes today, reposing near that city which he so much loved, lend

a luster to her history greater than that which springs from the opulence of her commerce or all the costly structures of her richest men. The elder Yandell, whose memory is so fresh in the minds of you all, who, I may be permitted to say, on more than one occasion broadened his shoulders and, like the faithful knight who bore his wounded king, bore this society through rocky steep to peaceful lawns.

These, Mr. Chairman, are all now shadows. Let us hope, sir, that their large souls look down on us approvingly. There remains of the list of founders of this society one who was among its earlier presidents. I allude to Dr. Gross—a name which always brings the glow of pride to the face of a Kentucky physician. See his footsteps lead him near the limit allotted by the Psalmist to human life. Yet mark him now, erect as in his prime, the light of great deeds resting upon his front, his eyes gleaming with the fire of perennial youth, his hair all blown back as on and still on he presses through fresh fields to win other triumphs. Shall we not pledge him tonight? Shall we not pledge that shadowy host, whose luminous track is seen of us all, that we will strive to make ourselves worthy of the noble heritage bequeathed us, by seizing the colors which have dropped from their hands as the robes drop from a dead king, and, pressing forward, plant them still farther to the front? Members of the Kentucky State Medical Society, brothers, the answer to these questions rests with each and all of you.

THE THERMIC EFFECTS OF CEREBRAL LESIONS.—The depression of temperature that follows acute cerebral lesions in man occurs also in other animals under the same conditions (*Lancet*). M. Couty, experimenting upon monkeys at Rio, has found that after gentle anesthesia the exposure of the sides of the brain, followed by stimulation of the fronto-parietal zone, suffices to cause a considerable depression of the temperature of the body. The fall is at first slow, then more rapid, and attains its maximum in from two to five hours. It may afterward fall and even give place to a rise, but in most of the experiments the animal died during the period of depression. At the moment of death, due commonly to arrest of the respiratory and cardiac movements, instead of 37.9° to 39° C., the ordinary temperature of the animal, the rectal temperature was from 34° to 29° , and in two cases 26° to 25.4° . Thus the depression may occur as a result of slight

injuries to the brain even in an animal comparatively high in the scale, and a very low temperature thus produced is not absolutely incompatible with life. The effect, so marked in monkeys, is scarcely to be observed in dogs, which commonly survive the initial disturbances, even if the lesion is considerable. When, however, death occurs during the initial period, it is always preceded by the depression of temperature. At the commencement of the fall all the functions of the animal appear to be unaffected—the creature is merely weak and apathetic. The circulation is then altered; the pulse ceases to be perceptible, and any spontaneous movement seems impossible. It still moves, however, if excited to do so, and can walk and defend itself. Later, this susceptibility disappears, often rapidly, and external stimulation only causes irregular reflex movements. Strong faradization of the sciatic nerve is necessary to cause movements of all four limbs, and ultimately even this fails. Then the respiratory and cardiac movements stop. During these phenomena the changes in the cortical excitability were carefully studied. It was found to be scarcely or not at all lessened during several degrees of depression of temperature, even when the animals were comatose and without spontaneous movements, and the excitability continued in characteristic form, though lessened in degree, even when the pulse could not be felt and the temperature of the brain was only 34° to 30° C. Still later, however, the excitability became limited to a small number of points, and much stronger currents only caused movements which were less numerous and complicated. Only when the reflex action of the spinal cord disappears entirely does faradization cease to affect the cortex. In one case, however, even two minutes after the respiratory movements ceased, there was still an excitable point on the brain. This correspondence in the excitability of the brain with that of the cord, and the persistence of the former after other cerebral functions are lost, are remarkable facts.

EQUIVOCAL.—We regret to learn that our Chicago correspondent, Dr. N. S. Bridge, was lately the victim of an accident with an elevator, in which, by much presence of mind, he narrowly escaped serious injury.—*Boston Med. and Surg. Journal*.

PROF. S. D. G., D. C. L., Oxon., is the way letters are frequently addressed to the great Gross, says the College and Clinical Record.

THE GROWTH OF CHILDREN.—Dr. Chas. S. Minot, in Boston Med. and Surg. Journal:

Sufficient and regular exercise does a great deal to assist growth. A certain number of boys in the schools of Turin are annually selected on account of their gymnastic aptitude, and are given three extra lessons in gymnastics per week. Ninety-four of these boys were measured before and after three months of this drill, and it was found that the average increase in the capacity of the lungs was two hundred and twenty-eight centimeters, the average annual increase for other boys of the same age being two hundred and twenty centimeters. The lungs of the boys who exercised enlarged *more in three months* than those of other boys in a whole year. The same phenomena are exhibited by the increase in muscular power.

Wretlind found in Götheborg that going to school impeded growth, for he discovered that the children grew much more rapidly during vacation than during school-time. There were three months vacation and nine months schooling; so that if the growth was constant the children would grow one third as much during vacation as during term-time; but this was nowise the case.

Even when the influences unfavorable to development have acted several years, if the child is placed in better circumstances its growth takes a start.

BACTERIUM FÆTIDUM.—Dr. George Thin communicated a paper to the Royal Society recently upon An Organism associated with Profuse Sweating from the Soles of the Feet, in which he demonstrated that the peculiarly offensive fetid odor by which the secretions from the skin of certain people's feet is characterized, is due to the development in the liquid, after its secretion, of a micrococcus which the author names *Bacterium foetidum*. He asserts that perspiration is odorless when it soaks to the sock, but that once there it rapidly acquires the peculiar smell. The fluid is, he says, an admixture of sweat with serous exudation from the blood, occurring in persons whose feet sweat profusely, and who from much standing or walking acquire an erythematous or eczematous condition of the soles of the feet. Dr. Thin pursued an elaborate series of investigations into the history of the development of the organism, during which he convinced himself that by antiseptic means the micrococcus can be killed and the disagreeable odor at the same time destroyed.—*Med. Press and Circular*.

DIARRHEA IN LONDON.—The deaths in London from diarrhea, which had been but twenty-one and thirty-two in the two preceding weeks, rose, under the influence of the higher temperature, to sixty-four last week, but were nine below the corrected average number in the corresponding week of the last ten years. These sixty-four deaths from diarrhea included forty-eight of infants under one year of age and nine of children between one and five years. The rate of mortality from this cause was greatest in North and East London. Four deaths were referred to simple cholera or choleraic diarrhea, including three of young children and one of an adult.—*British Med. Journal*.

A CURIOUS case occurred recently at the Pennsylvania Hospital, in which a woman, moribund from a recent burn, gave birth to a fetus, still-born, at eight and a half months, which presented blistering of the surface of the body in a region exactly corresponding with the mother's injuries. It is a beautiful example of maternal impression in the last month of pregnancy. The child was alive and the fetal heart was heard only a few hours before birth. No syphilis was present. The child in every other respect was well-formed.—*Boston Med. and Surg. Jour.*

BROMO-CHLORALUM AS A REMEDY FOR BED-SORES.—A writer in the Journal of Materia Medica, in commending this substance, recounts this marvelous case. The italics are ours. Possibly the ignorant printer made the evident mistake:

Mrs. R., aged fifty-nine, confined to her bed for several weeks. A bed sore developed *upon the lower part of the scrotum*. Bromo diluted with ten parts of water was used and produced a rapid cure, really surprising all of us with the rapidity of its healing.

THE MORALITY OF MEDICINE.—The criminal statistics of Brooklyn for the past year show 25,706 arrests were made by the police. One was a clergyman, one an editor, eight were artists, six actors, two custom-house officers, *forty-seven lawyers* (Jerusalem!), and eleven undertakers; but not a physician was there in the lot.

WARNING TO TRAVELERS.—A communication which we have received from a traveler describes a severe outbreak of typhoid fever in Switzerland, to be traced, it is stated, as most of such outbreaks are traced, to impure drinking-water.—*British Med. Journal*.

LEVEN ON NERVOUS PHENOMENA OF GASTRIC ORIGIN.—At the last meeting of the Paris Academy of Sciences (British Med. Journal) M. Leven called particular attention to the gastric origin of a certain number of medullary and cerebral nervous phenomena, which have been often attributed either to hysteria or to hypochondria. Thus, in his opinion, neuralgia, dermalgia, muscular and articular hyperesthesia of left side, thought to be caused by hysteria, are, as a rule, irradiations from lesions of the stomach. In the same way hypochondria, which alienist physicians describe as a special neurosis, frequently results either from a dilatation of the stomach or from another affection of that organ. In pursuance of the reigning opinion upon the nature of these nervous phenomena, patients are treated by preparations of iron and quinine, which only aggravate the gastric troubles and dyspepsia. On the contrary, the affection of the stomach should be treated, and all the nervous irradiations will disappear with it. M. Brown-Séquard observed that it has long been known that all the organs—or, more correctly speaking, all the nerves of the diseased organs—might bring on hysteriform phenomena; but it is very certain that the stomach shows disorders which are secondary, and depend upon the general hysteric affection. M. Leven did not deny the subordination of the stomach to general neurosis, but he laid great stress upon the fact that every diseased organ induces special pathological reflexes.

AN epidemic of cholera morbus recently occurred in Berkshire County, Mass. The Boston Med. and Surg. Journal says: The first cases occurred on Tuesday evening, in the center of the village of Adams, among the best residences; but soon the other part of the town was affected, and few families escaped. Wednesday morning found the whole town sick. Those who were attacked Tuesday evening were some of them out on Wednesday, and most of the rest were well by Thursday; a few cases lasted three days. All recovered, though many continued weak from the effects. Many new cases occurred on Wednesday, and a few on Thursday and Friday. The symptoms were those of a very sudden and severe attack of cholera morbus, accompanied with great weakness. Simple remedies—chalk, camphor, bismuth—readily controlled the symptoms. The physicians estimate the number of cases at five or six hundred. The disease occurred among the

farmers as well as among the factory employes. The same disease appeared within a few days in other towns adjoining. No local cause for the outbreak has been discovered, though carefully sought for. The water-supply is excellent, and no article of food has been found to which the trouble could be referred.

ASTROLOGICAL PATHOLOGY.—It appears the planets Jupiter, Saturn, Uranus, and Neptune will be in perihelion simultaneously in the fall of the year. This, we are told, has not happened before for more than eighteen hundred years. Moreover, the “star of Bethlehem” will again make its appearance in the eastern horizon in the month of August. These celestial events will mark the completion of one great cycle of eighteen hundred years, and the beginning of another; and we are warned that the first decennium of this coming cycle will be ushered in by disastrous outbreaks of pestilence—a veritable saturnalia of death. We are to anticipate, it seems, a recurrence of the terrible pestilences which concurred with the earlier years of the Christian era, and of which the recent irruptions of plague are alleged to be the forerunners. The astrological forecaster is an Irishman, and it is gratifying to learn that Ireland will probably suffer less from the evils presaged by this portentous conjunction of planets than other lands. Indeed he anticipates that, knowing this, strangers will flock for safety to Ireland, and by the encouragement thus given to the commerce of the island help to raise her out of the unfortunate slough of distress in which she now finds herself.—*Lancet*.

WATER AND TYPHOID.—The Leisure Hour magazine, published by Messrs. Cassell, Petter, and Galpin (Med. Press and Circular), contains some useful hints to tourists with respect to drinking water. It mentions a case of typhoid terminating fatally at Dinan, in Normandy, last year. The victim was a tourist, who was seduced into drinking freely at a hotel water which seemed bright, clear, and delicious. It can not be too urgently impressed on intending visitors to the country and seaside that there is frequent danger lurking in their path, and that it will need the exercise of constant wariness to enable them to escape the snares that will beset them. Impure water and badly-ventilated rooms are the especially prevalent evils, and too much guardedness can not be employed against them.

RAILROADS AND MALARIA.—A bill has been laid before the Italian Senate by one of the deputies (British Med. Journal) for combating the effects of malaria in several of the regions traversed by lines of railroad. It is calculated that in Upper Italy 1,900 kilometers, on the Roman lines 903, in Lower Italy 1,614, and in Sardinia 229, making a total of 4,637 kilometers, traverse regions infected by malaria, which does not only commit its ravages in the Roman Campagna. The expense resulting from this state of things to the railway companies are computed at *sixty thousand pounds sterling per annum*. Hydraulic arrangements and the planting of trees, especially of eucalyptus globulus, are proposed as remedial measures. The successful results that have been obtained at Rome by planting these trees around the convent of Sue Fontane, which has led to the total disappearance of fever, has given the idea of the larger project.

OVARIOTOMY.—Mr. Spencer Wells has performed this operation one thousand times, with seven hundred and sixty-eight recoveries and two hundred and thirty deaths.

CHLOROFORM.—Since the introduction of chloroform as an anesthetic agent, thirty-five years ago, there have been but five hundred deaths from its use.

Selections.

A Form of Dyspepsia Usually Associated with an Alkaline Condition of the Urine.—Dr. C. H. Ralfe, in the Lancet:

When human urine becomes alkaline it is due to one or other of the following conditions: 1. To excess of the alkaline carbonates of potash and soda; a condition that frequently occurs normally after the ingestion in large quantities of vegetables and fruits. 2. Excessive elimination of the phosphates of the alkaline and earthy bases under conditions that have not been yet thoroughly studied, but which are not unfrequently found preceding or even accompanying saccharine diabetes; or sometimes, as has recently been suggested, forming a distinct disease. 3. By the formation of ammonia in the urine from decomposition of urea. Now the reaction of healthy human urine collected throughout the twenty-four hours is acid, but if separate samples of the urine passed during this period be taken, considerable variations in the character of the reaction will be observed. The constancy with which these variations occur under different diurnal physiological conditions was first studied by Dr. Bence Jones. That physician pointed out that the acid reaction of the urine increases and diminishes inversely with the secretion of the gastric juice. He found by examining the urine

at short intervals during the day that an increase of acidity was observed in the urines passed before meals, and that a decline in the acidity occurred shortly after food had been taken, and acid was consequently withdrawn from the system; its maximum decline being attained in about three hours, when the acidity begins to rise. In some instances not merely was there depression of the acidity, but the urine became neutral and even alkaline.

These observations of Dr. Bence Jones have been repeatedly confirmed by subsequent investigators; and the ebb and flow in the intensity of acid reaction of the urine, to which the term *alkaline tide* has been aptly applied, is a recognized physiological fact, though explanations different from that offered by Dr. Bence Jones have been advanced to account for the phenomenon. Dr. Roberts, for instance, is disposed to attribute the occurrence of the alkaline tide after meals to a different cause, namely to the entrance of the newly-digested food into the blood. For if, as he says, the normal alkalescence of the blood is due to the preponderance of alkaline bases in all our ordinary articles of food, a meal is *pro tanto* a dose of alkali, which must, for a time, add to the alkalescence of the system, and consequently of the urine. Dr. Bence Jones's view receives considerable support from clinical and physiological experience. Since in those cases attended with frequent vomiting of intensely acid fluid it has often been noticed that the urine passed immediately after the ejection of the fluid becomes alkaline; the same effect is produced in dogs experimentally when pounded glass or other indigestible substance is introduced into the stomach to provoke the secretion of the gastric juice, which is withdrawn as soon as secreted by washing out the stomach with water by means of the stomach-pump, showing in both instances that the alkalinity of the urine was caused by the withdrawal of acid from the stomach, and not by the addition of alkali to the blood. That the ingestion of food, especially vegetable food, contributes, in a slight degree, in the production of the alkaline tide is very probable, but that it is mainly concerned in the phenomenon is out of the question, otherwise the alkalinity of the urine would be in direct proportion to the quantity of food ingested, which is certainly not the case. Indeed the acidity of the urine can be depressed, and even rendered highly alkaline otherwise than by the withdrawal of acid from the stomach, or by the ingestion of food. And it is this circumstance, hitherto unexplained, that has rendered many physiologists unwilling to accept Dr. Bence Jones's as a complete solution of the phenomenon.

Dr. Hermann Weber, some years ago, observed that while breakfast decidedly had an influence in lowering the acidity, yet when he went without that meal the acidity was still lessened, though not to so great a degree. This observation of Dr. Weber I have repeatedly been able to confirm, the mere act of rising always producing a decided depression in the acidity of the urine. The use of the cold douche, or sweating in the vapor-bath, both have the same effect, quite independently of food or the activity of the stomach.

There is another channel, however, by which acid is withdrawn from the blood besides gastric secretion, and that is by the lungs. In the explanations hitherto advanced to account for the phenomenon of the alkaline tide in the urine this fact has not received attention. Dr. Edward Smith, in his researches On the Elimination of Carbonic Acid, showed conclu-

sively that the exhalation of carbonic acid by the lungs is increased by food and diminished by fasting, and that the amount exhaled during sleep is considerably less than is set free in the walking state. It therefore happens that the time when most carbonic acid is being exhaled corresponds with the time when observers have noticed a decided diminution in the acidity of the urine, while the circumstances that diminish the exhalation of carbonic acid, namely sleep and fasting, are attended by a rise in the acidity of the urinary secretion.

In health, therefore, it is probable that the exhalation of carbonic acid, in conjunction with the withdrawal from the blood of acid for the gastric secretion, and the direct ingestion of alkaline bases, aid in producing the alkaline tide in the urine. In disease, however, circumstances may modify or reverse the action of one or other of the conditions, so that although the variations of the acidity of the urine are frequent and often intensely marked, no connection either between increased secretion of the gastric juice, the ingestion of food, or the exhalation of carbonic acid by the lungs can often be made out. Thus, for instance, in many pulmonary affections, in convalescence from many acute diseases, such as typhus, enteric fever, scarlet fever, pneumonia, and in certain forms of dyspepsia, the urine remains persistently alkaline for many days together. The reason of this is not difficult of explanation, for in these diseases there is diminished supply of food, and metamorphosis of tissue going on in the body, so that the salts which are concerned in maintaining the acidity of the urine are not separated to the same extent as in health. On the other hand, although from the feebleness with which the respiratory act is performed one would suppose that from less carbonic acid being exhaled by the lungs the urine would maintain its acidity; yet it is not improbable that there being but rarely a temporary increase in its exhalation, in these cases, from the usual physiological stimulus of food and activity, the kidneys aid the lungs in getting rid of carbonic acid by separating it in its stable form (i. e. in combination with alkaline bases in the form of carbonates of potash or soda).

Whatever may be said against the hypothesis, it is a fact that these urines nearly invariably effervesce on the addition of dilute acid, thus indicating the presence of carbonates in the urine. Urine alkaline from the presence of fixed alkali has been generally attributed by writers on urinary pathology chiefly to excessive elimination of the alkaline phosphates, and slightly to those of the earthy; and no author, with the exception of Prout, has mentioned that the urine may be pathologically alkaline from the presence of the carbonates of potash and soda. Prout observes: "There are several distinct forms of disease connected with derangements of the soluble alkalies in the urine independently of the phosphates." And he further observes in these cases that "the earthy phosphates are rarely entirely absent, but their quantity seems to be below the standard quantity of health, while the quantity of soda, potash, and ammonia, appears to be in excess, or, strictly speaking, the carbonates of these alkalies appear to be in excess, hence such urine generally effervesces strongly on the addition of an acid." Prout, however, did not distinguish in his observations between the alkalescence caused by the carbonates of soda and potash and that produced by volatile alkali, carbonate of ammonia. Of twelve cases which have come under my observation in no instance was the alkalescence due to car-

bonate of ammonia. In four cases the carbonates of potash and soda were associated with considerable excess of the earthy phosphates—cases resembling in many respects those described by Dr. Tessier, of Lyons, as not unfrequently preceding or accompanying saccharine diabetes, or sometimes running a distinct course, and to which I hope to refer on some future occasion. Of the remaining eight cases the alkalescence of the urine was due entirely to the presence of the alkaline carbonates, the alkaline and earthy phosphates being either normal or diminished in quantity, and no trace of either carbonate or free ammonia being discoverable.

Taking Cold.—D. H. Hayden, M. D., in Boston Med. and Surg. Journal:

A child under six or seven years of age can not endure a long walk without injury when the temperature is low. It becomes quickly tired, and is then very sensitive to the action of cold, which strikes it immediately on stopping or when it passes abruptly from a sheltered spot to a street swept by a cold wind. . . .

No matter what the temperature is, if neither rain, snow, mud, or wind offers an obstacle to a walk, a child can and should be taken out every day; but the duration of the promenade will be inversely to its age and to the intensity of the cold. The lower the thermometer and the younger the child the shorter must be the duration of its exposure out-of-doors. When the thermometer is three or four degrees below freezing, a child under five years of age should not be kept out more than twenty minutes to half an hour. A child seven or eight years old can be kept out nearly an hour, but he should be required to be constantly walking. Infants at the breast, of three months and over, can be carried out even when the cold is severe, but great care must be taken to cover their faces and to shorten the promenade.

This daily going out can not be too much insisted upon. A slight cold should not be considered an obstacle. It is a very unfavorable thing for children to remain in-doors several days in succession; and it is often in such cases, after an untimely confinement in-doors, that the effects of a cold are experienced on the first going out.

Nothing can be more imprudent than to take off the clothes of a child just returned from a walk, even when the temperature of the apartment is higher than that outside. It is rare that the child, somewhat perspiring and slightly fatigued by the walk, does not rest relatively immovable. This want of action after a brisk walk would not always be compensated for by the warmth of a fire. Recommend, therefore, that the clothes be removed little by little, and the more slowly the less the difference between the outside air and that of the chamber, and the greater the repose in which the child is resting.

The moment of return should be taken advantage of also for giving the child some lunch. . . . In the spring and summer, if it is much warmer in the open air than in the interior of the apartment, the children should be covered immediately on their return from their walk.

Dr. Koller, in *Pharm. Zeitung*, reports that he has found glycerin applications equal, if not superior, to the sodium bicarbonate, about which so much has been written, for severe burns. He applies the concentrated, syrupy, perfectly clear glycerin to the burn without pressure.

Statistics of Fatal Chorea.—Dr. Sturges, in the *Lancet*, July 17th:

If we exclude puberty, chorea, of whatever violence, is hardly dangerous to life. If we exclude both puberty and the female sex, chorea, of whatever violence, is not dangerous at all. Now violent chorea is by no means uncommon with boys. Thousands of examples of it must be comprehended within the period we are now reviewing. And yet in all that time, and from so many fields of observation, we get but one boy, aged eleven, dying of chronic chorea after five months, and probably with sclerosis of the cord. Chorea therefore, we may say, extremely rarely fatal in little girls, is, practically speaking, never fatal in little boys. If we add to this what will not be denied, that permanent disablement from chorea is very uncommon, and that there is no treatment that even pretends to avert such after-effects, we get a strong argument in favor of leaving childish chorea alone. This conclusion will be further strengthened by a perusal of the valuable papers published in the *Lancet* of November 18, 1876, by Drs. Tuckwell and Gray, upon the Expectant Treatment of Chorea.

The conclusions to be derived from the foregoing review may be expressed as follows:

Chorea, regarded as a disease of itself fatal, belongs almost exclusively to puberty, and especially to female puberty; its immediate exciting cause having distinct reference, in many instances, to conditions of unusual sexual excitement.

Besides the operation of sexual causes, mental disturbance has to be reckoned; not fright only, but worry, anxiety, and despondency also, while the force and influence of such impressions is to be seen in the course as well as in the origin of fatal chorea.

Acute rheumatism appears as a cause of fatal chorea in but a small proportion of cases; yet the association, infrequent as it is, is distinct and unquestionable.

Chorea in its fatal no less than in its non-fatal forms, shows strong preference for the female sex at all ages. Children, however, very rarely die of it, and boys, practically speaking, never.

Mental excitement, in varying degree (although not among the symptoms of ordinary chorea), is met with in so large a proportion of its fatal examples that we are justified in regarding this concurrence as of bad augury.

"Vegetations," new or old, on the auricular surface of the mitral valves, with or without similar deposit on the aortic valves, and sometimes with pericarditis, are met with in the great majority of cases dying of, or with, or shortly after, chorea. This condition, however, does not, as a rule, contribute directly to the fatal issue; it is found equally among those that die *with* and those that die *of* chorea. In some of the most marked and typical cases of fatal chorea the valves of the heart have been found absolutely healthy.

There is no other morbid condition except that which concerns the heart, occurring with sufficient frequency or uniformity to be regarded as characteristic of fatal chorea.

Treatment of Convulsions in Children.—After speaking *in extenso* on the causes of infantile convulsions, Dr. A. A. Smith (*Amer. Jour. of Obstet.*), details the various methods of treatment. Among other things he says: "I have great respect for traditional remedies, but I confess I very early became skeptical

as to the advisability of the hot bath in convulsions, and the more I have seen of it the more I have become convinced that it is not good treatment. Almost invariably the child has one or more convulsions in the bath, the very agitation of giving the bath adding to the disturbance of an already excited nervous system. . . . I do not deny the sedative influences of the hot bath, and use it very frequently, but it is in convulsions that I am opposed to its use. . . . I put very great stress upon absolute quiet. . . . The object is to keep the nervous system as free as possible from agitation. The immediate convulsions should be controlled by opium, then followed up by the bromides and chloral." Many cases of convulsions depend on elevated temperature. In such cases quite recently the veratrum viride has been used most successfully. It has one objection; it is liable to produce vomiting. A child of six to eighteen months may be given two drops of the tincture every hour, and even if it does produce vomiting it need give no alarm, because almost invariably when the vomiting occurs the temperature falls and the pulse diminishes in rapidity, and the convulsions cease. If the temperature remains high and the veratrum fails to control the convulsions, then the cold bath is indicated.

Forcible Extraction by a Midwife of the entire Uterus in the Third Stage of Labor—Recovery of the Patient.—This case, which appeared in *Archiv für Gynaekologie*, is copied by the *American Journal of Obstetrics*. The midwife had tried to remove the placenta by traction on the cord, which, however, broke, so that the midwife introduced her hand into the vagina and brought out the placenta. But it seemed to her too small; and since the rather profuse hemorrhage continued, she introduced her hand once more. To the left side she found a spherical body that was movable, and which she pulled out. At the same time the patient complained of a very severe and sharp pain in her left side, and continued to lose blood. Dr. Hartwig was sent for, and found this latter tumor to be the firmly-contracted uterus, with part of right and left broad and round ligaments and tubes. Dr. H. found the vagina full of blood, and higher up intestinal convolutions. The vagina was cleansed and a linen tampon applied, and wine and salicylate of soda given internally. The patient recovered without much trouble. The roof of vagina was thoroughly cicatrized on the twenty-first day. Polydipsia came on, lasting for one year, then disappearing gradually.

Retained Menstrual Blood for Eight Months. At a meeting of the New York Obstetrical Society, Dr. C. S. Ward reported a case of imperforate hymen which had prevented the evacuation of the menstrual fluid for eight months. The girl, aged sixteen years, had each month the main general symptoms of pregnancy, such as nausea, vomiting, pain in the uterus, development of areola and breasts, and the absence of menstrual blood at the vulva. The abdomen was distended to a size corresponding with the fifth month of pregnancy. Protruding from the vulva was an elastic tumor. The doctor cut through to hymen and gave exit to three and a fourth pints of odorless, dark, fluid blood. The uterus contracted firmly after the evacuation. Carbolyzed intra-uterine injections were at once resorted to. The patient was doing well.

A case of poisoning by tincture of arnica has lately occurred in Italy.

An Odd Triplet.—Condensed from a correspondent's report in the British Med. Journal:

The mother, twenty-eight years of age, was in her seventh month of pregnancy. There had been a profuse discharge of water. The head was found pressing on the perineum. After a few pains a child, of about six months, was born. It became evident that there was another child. On examination the head was found occupying the brim of the pelvis. After a short delay the birth of a second child occurred. This was somewhat smaller than the first. Feeling satisfied the uterus still contained something more than placenta, I applied a binder and proceeded once more to examine. Introducing my fingers I came on another bag containing, as I supposed, another fetus. I ruptured this and felt about for its contents. Not being able to discover any portion of a child, I began to withdraw my hand. In doing this there was a profuse gush of water, which, when my hand was entirely removed, literally poured away. After this the lower extremities of a third child presented, and its birth was completed without difficulty. This child measured twelve inches in length. It had a bleached appearance, and was somewhat edematous about the back and nates. It showed signs of life for about ten minutes. On examining it I found that what I had supposed to be the membranes was nothing more or less than an enormously extended abdomen; and upon looking closely I found an absence of the genital organs, their situation being occupied by a small round pendulous growth, without any aperture whatever. The anus was imperforate, and there appeared to be an absence of rectum. Near the umbilicus was an opening which had been made by my fingers when I supposed I was rupturing the membranes. It was through this the fluid had escaped, and it was found to communicate with the bladder. This organ was enormously enlarged, occupying the whole of the abdomen, and pressing upon the thorax to such an extent as to have interfered very perceptibly with its development. After the birth of the third child the uterus contracted firmly, expelling the three placentæ, which were attached to one another and yet distinct. All died.

Carious Teeth as a Cause of Illness.—From the proceedings of the Odontological Society of Great Britain, in British Medical Journal.

Mr. E. Canton brought forward some cases illustrating the fact that carious teeth might be the unsuspected cause of serious illness. Bad teeth and consequent imperfect mastication of food were not uncommon causes of habitual constipation; he had met with many such cases. For instance, a gentleman was brought to him for supposed cancer of the rectum, and a lady on account of supposed tumor of the spleen; but the symptoms were due to large accumulations of feces in the rectum and in the descending colon respectively, and in both cases bad teeth and imperfect mastication of food were the real causes of the mischief. Another gentleman, aged forty-five suffered from the most troublesome spasms, affecting the muscles of the front and inner side of the thigh; these were supposed to be due to spinal disease, but the real cause turned out to be an impaction of feces in the cecum, which pressed upon and irritated the anterior crural nerve; this patient also was nearly edematous.

In all these cases a set of artificial teeth would do much to relieve the obstinate chronic constipation generally present, and do away with the necessity for

purgative medicine. Accumulation of feces in the rectum, pressing on the origin of the left sciatic nerve, was a common cause of sciatica, and imperfect mastication of food was frequently the primary cause. Bad teeth and consequent imperfect digestion often brought about a general state of weakness, which rendered the patient an easy prey to disease. Mr. Canton instanced the case of a gentleman who had had been for a long time under medical treatment, and was said to be dying of "atrophy." Mr. Canton could find no evidence of organic disease; but, as the patient's teeth were in a very bad state, he advised him to have a set made. This was done, and the patient gradually recovered his health without taking any more medicine. In women this low state of nutrition was often accompanied by barrenness.

A young lady was brought to Mr. Canton by her husband; she had been married some time, but had no family; she was thin and weak, suffered from indigestion, *and had very bad teeth*. Mr. Canton ordered her to have a set fitted; the patient at once became stout and strong, soon became pregnant, and eventually had several children. Mr. Canton concluded by relating some cases in which diseased or misplaced teeth had caused nervous disorders, as epilepsy and paralysis, adding that he could quite confirm the conclusions arrived at by Dr. Brunton in his paper lately read before the Society.

Reflex Nervous Disorders.—Mr. Mummery read (*ibid.*) notes of some cases in which diseased teeth had caused reflex disorders of the nervous system. A young lady came to him in January, 1878, complaining of severe neuralgia of the left side of the face, which had begun soon after the stopping of an upper molar some months before; she had also become subject to marked external strabismus of the left eye. Mr. Mummery extracted the tooth, and in two or three days both pain and squint had gone.

In November she presented herself again; the pain had returned as bad as ever; there was ptosis of the left eyelid, the pupil was widely dilated, and her hair was perfectly blanched to the extent of fully two inches over left temple. Mr. Mummery found that the next tooth to that which he had extracted had become carious; he at once removed it, and in a very short time the pain disappeared, and the eye recovered its natural appearance; but the patient still retained the patch of white hair on her left temple. Mr. Mummery related several other remarkable and interesting cases; in some of these retarded wisdom teeth had been the cause of reflex nervous disturbance; in others exostoses had formed on the fangs, though the teeth appeared perfectly sound.

Cod-liver Oil and Iodoform.—Dr. Fonssagrives having ascertained that the addition of iodoform and essence of anise effectually masks the repulsive taste of cod-liver oil, always employs this combination in cases where the union of iodine with cod-liver oil is indicated, iodine being conveyed into the economy in a larger proportion by means of iodoform than by any other preparation. Patients, after comparing this mode of taking cod-liver oil with the ordinary modes, unanimously declare in favor of the taste and smell of the former. To one hundred grams of the oil a quarter of a gram of iodoform and ten drops of the aniseed are added.—*Progrès Méd.*

[So the odor of onions on the breath may be completely masked by eating garlic.]

Expulsive Gingivitis.—From Med. Times and Gazette, July 10th.

Dr. Magitot read at a recent meeting of the Société de Chirurgie (*Gaz. des Hop.*) a report by himself and Drs. Desprès and Delens upon a paper upon the Pathogeny and Treatment of Expulsive Gingivitis, sent in by Dr. Aguilhon. The affection, he observed, has long been known to surgeons under different names, such as alveolar catarrh, suppuration of the alveoli, alveolar pyorrhea. In 1861 Marchal de Calvi, believing that the seat of the disease was the gum itself, and its effect the expulsion of the teeth, termed it "expulsive gingivitis;" and M. Desprès has delivered a lecture upon it under the name of the premature falling of healthy teeth. Dr. Magitot, from the time of his first investigation of the subject in 1865, has been led to conclude that from its commencement to its terminal period the anatomical lesion exclusively affects on the one hand the alveolar periostitis, and on the other the cement, and therefore has named it alveolar osteo-periostitis. It would, perhaps, have been more rigorously correct to have called it *cemento-periostitis*. The phenomena in the vicinity, such as gingivitis, abscess, fluxions, etc., are only produced during the course or toward the end of the malady—always being only consecutive. Besides its anatomical conditions, those relating to its etiology and mode of propagation are adverse to its being regarded as an affection of the gums. It is, in fact, the manifestation of a general condition or diathesis, and is observed in diabetes, in albuminuria, and in gout, the especial age of its occurrence being between forty and fifty. It is a wandering affection, affecting different parts of the mouth, and always characterized by the destruction of the periosteum and cement. In M. Desprès's opinion it is compression of the teeth within too narrow arcades that is the constant cause of this affection; but in that case it ought never occur when the dental arches are in a regular condition, or when several teeth have been lost anteriorly. But this is not the case, for very often it may be observed without any compression whatever existing. The instances of compression have been observed accurately by M. Desprès, and they are incidentally accompanied by inflammatory phenomena, by gingivitis, periostitis, phlegmon, or severe neuralgic pains, which may lead to the fall of the teeth and to the presence of osteitis and sclerosis in a variable extent. But this is not the osteo-periostitis in question, and should rather be termed osteitis from compression by the alveolar arch. The teeth which are expelled in these cases are sound, while they are not in the disease under notice. In the early periods of the disease Dr. Aguilhon employs chromic acid, and in the later stages resorts to drainage by means of threads.

M. Desprès, in reply to Dr. Magitot, observed that he had the misfortune to be personally acquainted with this disease, it having caused him during the last nineteen years the annual loss of a tooth, and poisoned his existence for a month each year. He had been able only to obtain a little relief by laudanum gargles; so that he has been always on the lookout for a remedy for the affection, and believes that he has found such. Some individuals have round, and others pointed chins; and it is only these latter who suffer, the space not being sufficient to contain the sixteen teeth unless a molar has been lost from caries, when the suffering from this cause ceases. Constant pressure is kept up between the ascending branches of the lower jaw and the molars, and the alveolus is destroyed, necrosis being set up, and afterward gin-

givitis. When the necrosis is completed ulceration takes place in the alveolus, and pus is discharged. The tooth, under these conditions, becomes a sequestrum, which must be eliminated, do what we will to preserve it. "There is, then, in my opinion, but one means of preventing this affection, which I should not have hesitated having recourse to had I known of it two-and-twenty years ago, namely the extraction of from two to four molars." Dr. Magitot observed that he did not dispute the existence of osteitis from compression, as stated by M. Desprès, but considered that these facts should be distinguished from those of which he had spoken in his report, the two affections being perfectly distinct as regards their etiology, their nature, and their course. M. Desprès did not deny the existence of osteo-periostitis described by Magitot. The alveolodental pyorrhea which he himself described is not a disease of old age, but is developed between twenty-five and thirty years of age in individuals having all their teeth, and gives rise to very intense suffering. The alveolodental pyorrhea of the diabetic and cachectic does not pursue the same course, and is not attended by pain.

Persistence of the Hymen until Parturition.

From *Wiener Med. Wochenschrift*: Four cases are reported, three from the practice of Professor Gustav Braun, the other by Dr. Fred. Buschmann. In the first coitus had been carried on per urethram, and an ejaculation probably occurred externally. Case two was a fifteen-year-old girl, the index finger could be inserted through an opening in the hymen, when the finger was withdrawn the hymen closed like an elastic ring. The history showed that a very small penis had accomplished coitus through this ring. Case three, a sixteen-year-old girl. Coitus had taken place between the thighs. She had a virginal vulva and intact hymen. She was married to the man before parturition came on, and the hymen was ruptured. Case four, a girl sixteen years old was forced into a corner by a young man, and just as the male organ touched the female genitals ejaculation took place. She cleansed herself thoroughly at once, but her menstruation, expected ten days later, did not come on. The doctor saw her for the first time in the fifth month of pregnancy—the hymen was still intact. Labor, of course, caused all of these hymens to disappear.—*Abstract from Amer. Jour. of Obstetrics.*

For Asthma.—Dr. Vincent Y. Bowditch says, in a letter to Boston Med. and Surg. Journal: A simple and often effectual remedy in cases of asthmatic affections, where there is also great fetor of the breath, is the inhalation of impure turpentine through a common inhaling bottle. I have seen great relief, both from the disagreeable odor and distress, experienced by an inhalation of two or three minutes, repeated *ad libitum*.

Floating Kidney.—Hirschsprung thinks that a demonstrable swelling beneath the border of the rib, especially upon the right side, of the consistence and shape of the kidney, which can easily be pushed upward toward the normal position of the kidney, and is freely movable forward and backward between the hands, can not be mistaken for any thing else.

A case of favus of the penis is reported in the Medical Record, and one of diphtheria of the penis following circumcision. There was a case of diphtheria in the same house.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. X.

LOUISVILLE, AUGUST 14, 1880.

No. 7.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE LISTERIAN METHOD IN OVARIOTOMY.

A hot and acrid discussion is now in progress in England between Mr. Lawson Tait, the well-known ovariologist, and Mr. Knowsley Thornton, a surgeon of large and growing fame in the same line of work, concerning Listerism. In the *Med. Times and Gazette* of July 24th Mr. Tait claims to have had an average of but two deaths in sixty ovariectomies performed without the carbolic-acid spray. He speaks of patients "killed by Listerism," and declares that the recent reduction of the death-rate in this operation is largely, if not entirely, due to the introduction of Mr. Keith's intra-peritoneal method. Mr. Tait shows Mr. Thornton has erred in his calculation of Mr. Tait's mortality tables, and charges him with lack of candor, courtesy, and fairness. Furthermore, he objects to Mr. Thornton's insinuation that he has omitted with a purpose to mention the adhesions, weights of tumors, and dates of operations, and emphatically denies that he "uses while he abuses" Listerism, as Mr. Thornton charges.

As to Mr. Thornton's claim that he is the pioneer in the use of the Listerian method in ovariectomy, Mr. Tait tells Mr. Thornton that "it was used here (Birmingham) years before he ever performed an operation at all," and in conclusion makes the following strong point on septic transportation:

Mr. Thornton seems to think it a joke that I have compared the tapping of an ovarian tumor to the use of the hypodermic needle. Of course it was

a joke, and the most amusing part of it is that Mr. Thornton fails to see the point of it. If the germs are carried in by the trocar they can be carried in by the needle, and *they are so carried in, but in neither case do any harm.*

The editors of this journal are entirely in accord with Mr. Tait on this important question. The majority of the profession throughout the world follows Lister; but we believe the majority of the profession in this instance, as in many others which medical history records, is wrong. In republics the power is with the majority; but scarcely more in science than in religion and politics do truth and right necessarily dwell with the largest number. The majority in medicine once bled all fever-patients with as little compunction as the maple-sugar makers tap their trees in the spring, and with equal confidence in the wisdom of the procedure. The majority in medicine used to regard salivation about as necessary to corporal salvation in serious sickness as the clergy tell us that "conviction and forgiveness of sin" are to the soul's eternal safety. If numbers prove a truth, then the Crusades were wise, Mohammedism is right, and the opponents of Listerism are constructive homicides. Listerism is founded on the germ-theory, and this is based on the microscope and the imagination. The existence of the germs is beyond cavil. They may be found in earth, air, and water, in tissues healthy and diseased, in bodies living and dead; but that they are noxious is very far from being proved. Medical dogmas as plausible and as popular as Listerism have flourished and perished in the past, and we have little doubt that before

the close of this century Listerites will be as rare as white crows, if not like the dodo, utterly extinct; and when discovered they will be looked on as a curious specimen of the nineteenth century's medical credulity.

BOTANY AND CHEMISTRY.—In an editorial in the British Medical Journal of July 17th, Mr. Ernest Hart thus plainly and flatly tells the brutal truth about this matter. Prof. Balfour, a learned botanist and a gentleman of the old school, is of course out and out for botany and chemistry:

We are afraid Dr. Balfour will find that not only must a gross ignorance of botany be tolerated in the medical profession, but that a considerable ignorance of chemistry must also be put up with. If he pursued his examination of medical men in chemistry a little beyond the constitution of Epsom salts, he would discover that they are frequently utterly unacquainted with the formulæ and reactions of substances which they employ in practice with skill and precision. A thousand medical men prescribe strychnia for one who remembers the formula $C_{21}H_{22}N_2O_2$, and calomel is used with excellent effect daily by scores of practitioners who would be puzzled to describe the mode of preparation of mercurous chloride. It is, of course, desirable that an acquaintance with a certain number of chemical and botanical facts should be required of candidates at an examination in materia medica; but these facts may be acquired during the study of materia medica, and ought not to involve separate courses of study in the sciences from which they are primarily derived: for it seems certain that chemistry could not maintain its place as a branch of medical education, if it had no other connections with medical science and practice than those which it maintains through the materia medica. But the facts of chemistry and of botany, which are properly acquired for examination purposes, drop out of the mind soon afterward without any prejudice to professional sagacity and skill. A few prominent ones, like the constitution of Epsom salts and the characters of the Papaveraceæ, still perhaps cling to memory, but the vast majority fall from it like autumn leaves, not, however, without having made some permanent addition to the stem of knowledge. To insist on the retention of such facts, and to multiply indefinitely the number of them that must be acquired, would be but to impose on the mind irksome and detrimental burdens, and would certainly not facilitate the application of it to the ordinary problems of medical practice.

THE DOCTOR'S STANDING.—"When the outside public can learn to place implicit confidence in a medical man *because* he is a medical man, and when the term becomes a synonym for gentleman and man of integrity, then, and not till then, will the medical profession rank upon a par with its sisters," says the Medical Press and Circular. Then, if that is so, never in this world will medicine get its dues. The day is past when rank or avocation is accepted as the only necessary evidence of gentility and integrity. In America today Medicine ranks equally with her sisters, Law and Theology; but a man being a doctor, a preacher, or a lawyer is by no means received as absolute, irrefragable evidence that he is a "gentleman and a man of integrity." For proof see the court records of England and America.

THE HAMILTON MEDICAL MEN AND THEIR COUNTRY CONFRÈRES.—A "Country Practitioner" complains to the Canada Lancet that the doctors of the town of Hamilton "rush into the country and go six or seven miles for a dollar and a half, minus ten to fourteen cents toll, and attend midwifery cases for four dollars." If these are facts, we can not favor the annexation of the Canadas to the United States.

DR. TANNER'S fast being over, the profession is divided as to the matter: one party don't believe he fasted at all, and the other knows hundreds of persons who have done the same thing. Meanwhile it has given an excellent chance for the publicists to get in the associated dispatches.

A CONTRAST.—The Lancet says: "At the examinations for the first half of the diploma in surgery of the Royal College of Surgeons, Ireland, over half the candidates were rejected for insufficient answering; while of twenty-four candidates in July for the license in medicine of the College of Physicians in Ireland, all were successful."

Correspondence.

GLYCERIN FOR ACIDITY OF THE STOMACH.

To the Editors of the Louisville Medical News:

In the last issue of the NEWS you copy from the Lancet Dr. Ringer's article upon the use of glycerin in flatulence, acidity, and pyrosis. I desire to add my testimony to its value, so far as regards acidity and flatulence. For this form of indigestion, so common, and for the relief of which so many persons resort to the daily use of soda, glycerin is a remedial agent of no mean value. I have used it for several months with my patients troubled in this way, and in a majority of cases the result has been gratifying.

I had no knowledge of its use for dyspeptic troubles, and was led to the use of it much in the same way as reported by Dr. Ringer. I knew of its property of preventing fermentation, and especially of its use by druggists in preserving their syrups from acidity. I was led to a trial of it upon this principle, and soon became satisfied of its real value. I have always prescribed it in large doses—never less than two teaspoonfuls to a tablespoonful for an adult, to be taken in a wineglass of water immediately after eating. It does no good after fermentation of the food has taken place in the stomach.

It is no specific, no cure-all, but certainly does afford alleviation, if not a cure, in many of these cases, and is worthy of a place among the remedies in use for this very common ill of the flesh.

JOHN A. LEWIS, M.D.

GEORGETOWN, KY., Aug. 6, 1880.

Reviews.

Transactions of the Tenth Annual Session of the Medical Society of Virginia, 1879. Held in Alexandria, October 21, 22, 23, 1879. Part I—commencing Vol. III. Richmond: J. W. Ferguson & Son, printers. 1879.

One hundred and fifty pages of not extraordinary good paper and printing. The contents are up to the average of state society proceedings. The address of the president, Prof. Joynes, is gracefully and pleasantly written, and is brief and scholarly. The address of Dr. Wiley is full of poetry and sentiment. He thus begins his address:

Since the feet of the Son of Man pressed the hills of Judea and the plains of Galilee as the "Healer" of prophecy, the elements of mercy and philanthropy then introduced and so marvelously illustrated in his works have broadened and deepened in the practice of the profession in whose interests we have today assembled. Those sweet and heavenly virtues have been infused into every department of human activity as the result of that divine mission.

The reports of the various sections contain much valuable matter.

The Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs, in a Series of Plates taken from Nature, with Commentaries, Notes, and Cases. By HENRY SAVAGE, M.D., London, Fellow of the Royal College of Surgeons of England, one of the Consulting Medical Officers of the Samaritan Hospital for Women, London. Third edition, revised and greatly extended. Thirty-two plates and twenty-two wood-engravings, with especial illustrations of the operations on Vesico-vaginal Fistula, Ovariectomy, and Perineal Operations. New York: William Wood & Co., 27 Great Jones Street. 1880.

For the teacher, student, and practitioner we know of no better work for the purposes for which it is designed than this is. This edition, the third, is carefully revised, much new matter is added, and it is amply illustrated by handsomely-executed plates. It is one of Wood's excellent library series.

The Practitioner's Reference Book. By RICHARD J. DUNGLISON, A.M., M.D., Editor Dunglison's Medical Dictionary, Secretary of the American Academy of Medicine, etc. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. 1880.

This is an old acquaintance of ours. Its suggestive and attractive title and the name of its able author induced us to procure a copy of the first edition soon after its issue from the press. The Practitioner's Reference Book, now in its second edition, has achieved, as it deserves, great success. It should be in the library of every practitioner.

Books and Pamphlets.

QUESTIONS SUBMITTED TO GRADUATING CLASSES OF THE MEDICAL COLLEGE OF OHIO FROM 1871-72 TO THE PRESENT TIME. Cincinnati, 1880.

ON DIVISION OF THE SPHINCTER ANI MUSCLE AS A THERAPEUTIC MEASURE. By Chas. B. Kelsey, M.D., Surgeon to the East-Side Infirmary for Diseases of the Rectum, New York. Reprint from New York Medical Journal, June, 1880.

BULLETIN OF THE TORREY BOTANICAL CLUB.
No. 7, Vol. VII, July, 1880.

MINUTES OF THE TWENTY-FOURTH AND TWENTY-FIFTH ANNUAL MEETINGS OF THE STATE MEDICAL SOCIETY OF KENTUCKY, 1879 AND 1880.

A small and poor document.

RULES GOVERNING THE BOARD OF COMMISSIONERS OF PUBLIC CHARITIES OF THE CITY OF LOUISVILLE, KY., ITS APPOINTEES, SUBORDINATE OFFICERS, AND EMPLOYEES, AND THE PATIENTS IN THE LOUISVILLE CITY HOSPITAL. 1880.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF STATE OF MARYLAND, Eighty-second Annual Session, held at Baltimore, Md., April, 1880.

A creditable volume of more than two hundred pages.

IN MEMORIAM: Address of Hon. Henry Craft, on presenting the Resolutions of the Memphis Bar upon the Death of Hon. Connally F. Trigg (late United States District Judge for the Districts of Tennessee) to the United States Circuit and District Courts for Western District of Tennessee, July 5, 1880. Printed by the Memphis Bar.

This author expresses this sensible sentiment in his excellent address:

I would not disparage what we call learning in judges. I would not decry the books in which judicial minds have embalmed all sorts of vagaries and absurdities, as well as the most splendid reasoning and the most wonderful analysis. But I do say that the learned judge, in the sense of a judge who is ever exploring the reports for decisions rather than for reasons, and who relies solely upon them, is the most dangerous of all judges. He is not much more wise than a man who would attempt to make his way through a morass at night, trusting to the guidance of the fire-fly's lamp. Technical rules are, in his hands, cast iron one day and ropes of sand the next, according to the inspiration of the particular cases that chances to be operating upon him.

A REPLY TO CRITICISMS ON "THE PROBLEMS OF INSANITY, WITH REMARKS ON THE GOSLING CASE. Delivered before the New York Medico-Legal Society, April 16, 1880. By Geo. M. Beard, A.M., M.D., Member of the New York Medico-Legal Society, Fellow of the New York Academy of Medicine, Vice-president of the American Academy of Medicine, Member of the American Neurological Association, etc.

A very readable pamphlet, but it contains some odd statements. On page 24 he says, "Give one of the negroes of the South a biscuit, and he will allow you to flog him as long as you wish." We have known the negro from our earliest recollection, intimately and thoroughly; in fact we used to own some of him. The watermelon, the 'possum, and the catfish are his favorite foods; but there probably never was a darkey who would have taken a whipping even for these. He doesn't mind the penitentiary, but he dreads a thrashing awfully.

Miscellany.

MALARIA.—Extract from a pamphlet by C. H. Lothrop, M.D., Lyons, Iowa. (Reprint from Transactions Iowa State Medical Society.)

As to the fact that malaria may be found to a greater or lesser extent in almost all portions of the globe, and its influence upon the human system in the production and aggravation of disease, I can not do better than to give extracts of a correspondence had with Prof. L. P. Yandell, of Louisville, May, 1879.

For the sixth time since the 18th of December I have suffered from a most horrible attack of what may be called malarial colic, the result of saturation with this poison in the swamps of Missouri, Arkansas, Mississippi, and the Carolinas, while in the Confederate service; and in a week from today I turn my face toward England, hoping that the bad medicine of a sea voyage and a sojourn in the old country may free me from my ill. A dozen years ago a twelve-month in Europe did me great good, and kept me comparatively well for a long time. There is no doubt in my mind that some persons, becoming thoroughly saturated with malarial poison, never get it entirely eradicated from them. As to the case concerning which you ask my opinion, it is not unlikely that malarial poison was the exciting cause of the paralysis, and it may have been the originating cause. Prolonged malarial saturation may produce organic changes, just as do scrofula and syphilis. It certainly is the chief source of disease in the world, producing not only acute but chronic affections. I have seen a number of cases of intermittent paralysis, intermittent synovitis, intermittent amaurosis, some cases of intermittent strabismus, two cases of intermittent insanity, and I might go on increasing the list indefinitely. I have just cured a case of polyidrosis of the hands and feet, in which the perspiration at 4 o'clock daily, and for many hours, dripped in quantities from the extremities, as water drips from your hand when you hold ice in it on a summer's day.

No medical question is of comparable importance to that of malaria to the people of the United States; nay, to the world. It is less virulent and less abundant in some of the older and better drained parts of this country and of Europe than it is in others, but wherever the sun shines and water exists malaria will sometimes be found. It is

almost omnipresent, and for evil it is almost omnipotent. The profession and the public are rapidly coming to a knowledge of it, but most of them have much to learn.

ARTIFICIAL WINE.—The German Government (*Med. Times and Gazette*) hearing that the wine-growers of Baden, in the face of several successive years of defective vintage, were actually manufacturing an increased quantity of the "finest wines," instituted inquiries which resulted in the discovery that large quantities of spirit have been imported into Baden (not direct, but by circuitous means), to be manufactured, bottled, and sold as the real produce of the German grape. The police have suddenly appeared upon the scene, and the government seal has been affixed to a great number of casks of supposed genuine wine, which are to be tested by the public analyst. One great house, which has hitherto enjoyed public confidence in an unlimited degree, is said to be marked out for prosecution. It appears that this firm has done business to the amount of five hundred thousand marks since the beginning of the present year, and the police are in possession of evidence that it has purchased no less than three hundred thousand marks' worth of foreign spirit in an underhand manner. It is stated that the German vintagers have obtained from Paris a "clever artist," who has proved that it is just as easy to produce chemical hocks as chemical clarets.—*Lancet*.

THE OHIO STATE MEDICAL SOCIETY.—What with a supper at the Insane Asylum, a ride on the lake, an entertainment at a beer-garden, and a reception at the hospital, there was little time left at Cleveland for scientific work of the State Society. This was an extremely fortunate circumstance, indeed, as there was very little scientific work to be done. . . . Nothing was done to feel proud of, and the least said about it, to outsiders at least, the better.—*Recorder*.

MEDICAL STUDENTS IN LONDON.—The following table gives the number of students at each of the London medical schools: St. Bartholomew's eighty-six; Guy's, eighty-one; University College, seventy-one; St. Thomas's, thirty-five; London Hospital, thirty-three; Charing Cross, thirty-two; St. George's, thirty; King's College, twenty-six; St. Mary's, twenty-four; Middlesex, twenty-four; Westminster, nineteen; London Women's School, nine.

SCHOOL PUNISHMENT—NOVEL MODUS OPERANDI.—In spite of the wholesome rule that none but the head teacher should administer punishment, and that after a due interval, and not on the impulse of the moment, when temper often enters into punishment, cases of excessive correction by assistant teachers, in complete disregard of this rule, do still occur, and perhaps in consequence of the rule novel modes of punishment are sought for. The Southwark police magistrate recently ordered an assistant teacher, a young woman at the Farncombe-street Board School, Bermondsey, to enter into her recognizances to keep the peace for twelve months, and pay nine shillings costs, for applying an adhesive plaster across the mouth of a little girl, a scholar, only five years old, "because the child would not cease to talk."—*Med. Times and Gazette*.

PRESENTATION TO DR. NORMAN KERR.—In acknowledgment of the disinterested and devoted services of Dr. Kerr in the cause of temperance, a presentation took place in the rooms of the Medical Society of London on Wednesday last. The testimonial consisted of an illuminated address, portraits of Dr. and Mrs. Kerr, and a handsome carriage and set of harness. Dr. Richardson, F.R.S., was asked to undertake the graceful task of presentation on behalf of the subscribers, among whom were several members of the medical profession. Dr. Kerr, in acknowledging the honor done him, made a most felicitous address, and the proceedings throughout were of the most cordial character.—*Med. Press and Circular*.

HARVESTERS' DRINK.—Considerable success has attended experiments made by employers to substitute some refreshing non-intoxicating drinks instead of beer during harvest-work. It may be opportune at the present time to take notice that weak infusions of cold tea made up with milk and sugar have been found very acceptable. The women have much appreciated the change, the work has been found to be better done, and more money saved than formerly by them. In Scotland the harvesters' liquor is buttermilk; and in other places a weak gruel of oat meal and water, kept in a cool place, has been keenly taken as a refreshing and palatable drink.—*Med. Times and Gazette*.

WE can not counsel any young man to enter the profession of medicine who has not private means at his disposal.—*Lancet*.

THE ALCOHOL CONGRESS.—At the instigation of the French and Belgian societies (*Gaz. Méd.*) against the abuse of alcoholic drinks, it has been determined to hold an international congress at Brussels for the consideration of questions relating to alcoholism, under the presidency of the Count of Flanders, upon August 2d and following days. Among the subjects arranged to be discussed are: 1. The means of obtaining distilled liquors which contain only ethylic alcohol, and the legislative and fiscal means necessary to secure the exclusive employment of this. 2. The physiological action of pure ethylic alcohol. 3. Experimental investigations upon animals of the different forms of alcohol in use, approaching as near as possible the conditions which produce chronic alcoholism in man. 4. Clinical and statistical observations on the influence exerted by the alcoholism of parents on the constitution and health of their children. 5. Statistical investigation of the influence of drink on criminality. 6. A comparative examination of the mechanism of the imposts on alcoholic drinks in different countries, and its influence upon consumption. 7. The placing the sale of absinthe, ethers, and similar alcoholic substances under the same restrictions as medicinal substances. 8. The detection and repression of adulteration of wines and beers. 9. A theoretical and practical examination of the question of complete abstinence. 10. The influence of the use of tobacco on the abuse of alcoholic drinks.—*Med. Times and Gazette.*

THE INDUCTIVE METHOD.—The inductive method has been practiced ever since the beginning of the world by every human being. It is constantly practiced by the most ignorant clown, by the most thoughtless school-boy, by the very child at the breast. That method leads the clown to the conclusion that if he sows barley he shall not reap wheat. By that method the school-boy learns that a cloudy day is the best for catching trout. The very infant, we imagine, is led by induction to expect milk from his mother or nurse, and not from his father.—*Macaulay.*

LAW IN ENGLAND.—A registered medical practitioner has been convicted of manslaughter and sentenced to six months' imprisonment for causing the death of a child through furious riding. Previous convictions for furious riding were proved against the offender at the trial.

SAD.—The *Lancet* of July 17th says: The present meeting of the General Medical Council is by far the most discreditable meeting in its history. Before the meeting there was nothing to lead even judges to think that the Council could find excuse for sitting more than three days. . . . The first thing the Council did was to spend two days in debating whether to put the subject into the hands of a committee merely to prepare it for discussion. Twenty-four of the leading members of the profession in the United Kingdom spent two days of their precious time and £400 of the Council's funds in making up their minds to have the subject put into shape for them on the third day.

[This is quite as bad as our last Kentucky State Society meeting.]

GOOD LAW FOR BAD LANDLORDS.—The case of Jackson vs. Odell, which has lately been decided in the court of common pleas, establishes a precedent which ought to be of substantial service to many abused tenants in this city (*Boston Med. and Surg. Jour.*). It was stated that Dr. Odell hired a house of Mr. Jackson, and afterward found that a soil-pipe had broken in the cellar, that a quantity of foul matter from the broken pipe had accumulated in a hole in the cellar bottom, and that from this matter poisonous emanations arose and spread through the house. It was further alleged that the landlord refused to make the necessary repairs when his attention was called to the condition of the sewerage, whereupon the tenant abandoned the premises two months before the expiration of his lease. The landlord sued for rent for these two months, but the jury, after considering the testimony, not only disallowed the landlord's claim, but found damages against him to the extent of fifty dollars besides costs.

A NEW CURE FOR DRUNKENNESS.—The municipal authorities of Medford, Massachusetts have voted that the names of all persons who have been convicted of drunkenness during the past six months, and all persons convicted thereof in the future, shall be posted in every licensed place, and the proprietors notified not to sell liquor to them under penalty of revocation of license.

DR. MAPOTHER, late president of the Royal College of Surgeons in Ireland, has been elected president of the Statistical Society of Ireland.

Selections.

The Introduction of the Tracheal Tubes by the Mouth instead of Performing Tracheotomy or Laryngotomy.—Dr. Wm. MacEwen, in a clinical lecture on this subject, published in the British Medical Journal of July 24th, says:

A few facts concerning the introduction of tubes passed through the natural passages into the trachea instead of having recourse to operations for opening the windpipe through the neck, are considered worthy of attention; and in presenting these it is thought advisable to confine the remarks, as far as practicable, to the relation of facts, refraining from entering into the merely discursive side of the question.

In considering the practicability of such a procedure, facts were looked for from various sources. Post-mortem experience showed that instruments of the tube-kind could, after a little practice, be passed with facility through the mouth into the trachea. This was accomplished by introducing the finger into the mouth, depressing the epiglottis on the tongue, and so guiding the tube over the back of the finger into the larynx. In experimenting with various instruments it was found more easy to introduce those of a large caliber, such as Nos. 18 to 20, than instruments of the size of 8 to 10 catheters, the latter being more liable to catch on the various irregularities on the internal laryngeal surface.

While it was easy to introduce instruments by the mouth into the trachea, it was difficult to pass them through the nose into the air-passages. The nasal passages being on each side of middle line, catheters passed through them were found to glide to the side of pharynx, away from the middle line, and consequently away from the larynx. So much was this the case that it was found impossible to introduce a nasal unarmed catheter through the nose into the trachea by any manipulation outside of the mouth. A catheter having a strong, properly-curved stilette, after considerable labor and many efforts, might find its way into the larynx; but even this could not be depended on. An instrument can, however, be passed through the nose into the pharynx; then by introducing the finger into the mouth and hooking the catheter forward and toward the middle line it can be guided into the larynx, and in this way respiration in the living might be carried on through the nose; but though nasal instruments can be so introduced into the trachea, it is yet difficult to pass them when compared to the passage of like instruments through the mouth. The nasal tubes have also a decided disadvantage; they are necessarily of a much smaller caliber than the tubes which are admitted through the mouth; in most people one or other nasal aperture does not admit a tube of sufficient caliber to enable the respiration to be carried on easily.

The facility of introducing tubes by the mouth into the trachea having been ascertained on the "subject," the question which next presented itself was, whether there were any obstacles in the living body which would prevent or contraindicate their use. The instructions given in almost every text-book teaching the introduction of esophageal tubes would lead one to suppose that not only could such instruments be passed into the trachea, but that it was necessary to give special indications of their presence there, in order to avoid the awkward mistake of in-

jecting fluid or food into the lungs. These precautionary indications are necessary, as on several occasions the stomach-pump tube has been unwittingly introduced into the trachea and left there for shorter or longer periods before the mistake has been recognized. Among these may be mentioned the mistake made by no less a surgeon than Desault, who passed a tube into the trachea, left it there for some hours, and only became aware of its true situation when he began to inject food into it. After the performance of tracheotomy tubes have been passed through the trachea into the mouth, and the reverse way; and from the scanty reports of those cases one gathers that the parts have exhibited considerable tolerance to the presence of those instruments.

A couple of cases of cut-throat which came into my wards about the same time—the one having the windpipe severed immediately above the vocal cords, the other beneath them—showed a great and growing tolerance to external impressions; so much so that even when the cords were digitally pressed on and held aside no spasm was produced. Besides these, the passage of metallic and vulcanite instruments, as proposed by Trendelenburg and carried out by Schrötter, with the view of dilating strictures in chronic laryngeal stenoses, prove that instruments can be passed by the mouth and temporarily retained in the trachea without exciting an unsurmountable degree of spasm. And I would say that if they can be retained for ten minutes they might, as far as the fear of spasm is concerned, be retained for a much longer period. With these brief introductory observations I will pass to the series of successful cases which I had during the year 1878.

He cites several cases in which the procedure was successfully used. The following will suffice for illustration:

Removal of Epithelioma from Pharynx and Base of Tongue—Introduction of the Tube into Trachea through Mouth to occlude Hemorrhage from Larynx, and for Administration of Anesthetic.—W., fifty-five years of age, had experienced for more than a year sore throat, pain in the right ear, and shooting pain in the back part of the tongue. An ulceration was found on the right side of the fauces, extending from the anterior pillar backward to the posterior wall of the pharynx, the latter of which was invaded for about an inch. From the fauces it spread downward and inward to the dorsum of the tongue, and the raised ulcerated margins extended from a point opposite the last right molar to the immediate vicinity of the epiglottis. It was resolved to remove the growth. As it was an operation which would cause considerable bleeding, precautions had to be taken to secure the air-passages from occlusion. Hitherto this had been effected by opening the windpipe, by laryngotomy, and the introduction of Trendelenburg's tampon-canula. Instead of this I had determined, should an opportunity present, to introduce into the trachea, by way of the mouth, a tube which would extend beyond the vocal cords, and through which the patient would respire. The upper laryngeal opening could then be plugged outside this tube, so as to prevent the entrance of blood into the larynx. The plug could then be effected in various ways by causing the tracheal tube to perforate a close sponge of suitable size, which, after the tracheal tube had been introduced, could then be fixed in the laryngeal orifice; by fixing to the tube, at a convenient part, a piece of fine muslin or other material, which would act as the

canule à chemise used after lithotomy; by inflation of a circular, closely-fitting bag, etc.

Preparatory to the operation a tube was several times inserted through the mouth into the trachea beyond the vocal cords; and it was found that, with the exception of the cough which ensued immediately on its insertion, he bore the tube sufficiently well to warrant the success of the procedure. He could breathe freely through it, and the mucus expectorated was expelled through the tube with considerable force.

The operation was performed on July 5, 1878. The usual cough followed the introduction of the tube; but it ceased as soon as he received a few whiffs of chloroform, and long before he became constitutionally affected by the drug; the chloroform seemed to exercise a local sedative effect. The upper opening of larynx was stuffed with a sponge to prevent the entrance of blood. The tube projected several inches beyond the mouth, thus enabling the administration of the anesthetic to be continued uninterruptedly during the whole operation without in any way interfering with the manipulative procedure. The entrance and exit of air through the tube was both felt and heard distinctly, a ready guide to the state of the respirations. After the operation was finished, when the hemorrhage had ceased and the patient had regained consciousness, the tube was withdrawn, it having acted throughout without the slightest hitch.

The operation. An incision was made through the right cheek from the angle of mouth to the angle of lower jaw, the latter being sawn through. This line of incision, once before used by Dr. Foulis, though objectionable on *à priori* grounds, was followed chiefly on account of the extensive view of the internal parts afforded by it. The diseased surfaces were thoroughly removed by the knife, the instrument passing wide of the affected parts. The sawn angle of the jaw was afterward drilled and coupled by two strong silver-wire stitches. The cheek was accurately brought together, and a bandage applied to secure immobility of the lower jaw. His after-treatment consisted in perfect quiescence and fluid food. In a week the wound was for the most part healed, the only portion remaining open was that where the wires uniting the jaw protruded through the skin. In a month the wires were withdrawn, the jaw being then firmly united. He was dismissed to the Convalescent Home July 26, 1878. Since then he has several times presented himself, and as he has cultivated a vigorous growth of hair the facial linear cicatrix is no longer visible. The larynx in no way seemed to suffer, and the voice was in no way affected. The administration of the anesthetic was carried on through the tube, which projected several inches beyond the mouth, quite uninterruptedly, and without in any way interfering with the operator. The respiration was felt and heard by the administrator; the tube, as it concentrated the flow of air, increased the sensation to the hand and ear. Once or twice during the time he was under the chloroform mucus was thrown from the tube by an explosive expiratory effort. It must be obvious that as long as the tube which went beyond the vocal cords remained patent, there could not possibly be any fear of asphyxia, and the most frequent cause of fatality under chloroform would be avoided.

Rectal Alimentation.—Dr. Michelacci, of the Florence Medical Clinic (*Los Sperimentale*), while fully appreciating the utility of nutritive enemata, recommends that they should be administered with the following precautions:

1. The large intestine should be cleared out by one or more oily or simple enemata.

2. To whichever nutritive substance we may give the preference, and which must be determined by the special circumstances of the case, it should always be administered at the temperature of the body—37° to 38° C.

3. The enema should be injected slowly and by means of a long siphon, so as to carry the nutritive material as high as possible. It should also be employed in small quantity, it being preferable to give a greater number of small enemata to one or two large ones.

4. Every nutritive clyster should be preceded by another composed of fifty or sixty grams of water and six or eight drops of laudanum, this rendering the surface of the canal less intolerant of the nutritive clyster, and enabling this to be longer retained. The same object may be attained by adding a few drops of laudanum to the clyster itself.

5. When enemata containing alcohol are employed we should not add the peptones to these, as they induce alterations and disturb the power and action of the digestive ferments.

6. As little fatty substance as possible should be employed, as this is for the most part not absorbed, and irritates like a foreign body. The peptones themselves should be used only with moderation, as they are for the most part irritants.

7. The clysters may be usefully injected in a neutral condition, or rendered slightly alkaline by bicarbonate of soda.

8. Should inflammatory action be induced, the enemata should, if possible, be suspended, or those which are least irritating must be chosen and largely combined with laudanum.

In concluding his paper, Dr. Michelacci observes that there can be no doubt that the large intestine can absorb sufficiently to allow of temporary alimentation being obtained by its aid, but that we are far from having the means at our disposal of making a large use of this therapeutical agency; and he suggests, as a useful subject of investigation, the preparation of injectable substances which will also admit of keeping for use. He also observes that this mode of treatment requires so much care and precaution in its employment that he is in as much fear of the fanatics of rectal alimentation as he is of those who absolutely deny its efficacy.—*Med. Times and Gaz.*

Softening of the Occipital Bone.—A writer in the British Med. Journal says: I have a patient now, aged about five months, in whom the occipital bone can be pressed in with the finger, and upon removal of pressure springs out again, imparting to the finger a sensation of crackling similar to that noticed upon treating a tin box in the same way. The pressure was followed immediately by vomiting. The other bones of the cranium are firm and hard.

The Mydriatics.—There are only two strong mydriatic alkaloids occurring in nature—atropia and hyoscyamia. These are isomeric, and resemble each other in a marked degree. Duboisia and datura are each identical with hyoscyamia, and therefore isomeric with atropia. It is probable that hyoscyamia or the light datura of commerce can render the same service as duboisia in the treatment of diseases of the eye.—*Mr. Landenberg's report to the French Academy.*

The Virginian Prune (Wild Cherry).—Few drugs have a wider repute in the United States, and have failed more completely to gain a position in the practical therapeutics of this country (*Lancet*), than the Virginian prune-bark. In spite of the recommendations of Dr. Clifford Allbutt and others, it is still almost unknown to the bulk of practitioners. An instructive and fairly complete account of the history and uses of the drug, by Dr. Van der Espi, has recently been published in the Belgian *Journal de Médecine*, and some of the facts there mentioned may be interesting to our readers. The tree grows in all the states of the Union, but it attains the largest size in the southwestern states. Every where in the northern states it is reputed one of the most useful and indigenous remedies. According to Proctor the bark yields a volatile oil, of pale-yellow color, which has the odor of bitter almonds, and contains hydrocyanic acid in such quantity that two drops will kill a cat in five minutes. The prussic acid does not exist as such in the bark, being formed, as in bitter almonds, by the action of emulsion on amygdaline. It contains also tannic and gallic acid, starch, resin, salts of lime, potash, and iron, a fatty matter, woody fiber, and a red coloring-matter. These facts have been confirmed by the author of this memoir, and he has further proved that the amygdaline exists in the Virginian prune-bark in a crystallizable form. Its quantity is, however, very variable; it is different in each kind of bark; that of the root contains more than that of the trunk, and the latter more than that of the young branches; it varies also with the age of the tree, with the time of year at which it is collected, with the age of the bark, and with the mode in which it is preserved. The contact of moisture causes the emulsion to act upon the amygdaline, and the bark is therefore best preserved in zinc cases, hermetically closed. The red coloring-matter he finds to be analogous to the soluble red substance found by Pelletier and Caventou in the cinchona bark.

A gram of the powdered bark has a taste which is at first astringent and afterward bitter, and resembles that of prussic acid. It causes a sensation of warmth at the epigastrium, and appears to have a tonic (or stimulant) action, increasing the general sense of energy. Diminished sensibility, retardation of the pulse, and lowered temperature follow, due, no doubt, to the prussic acid which is formed. Strong doses taken several times a day were found to reduce the pulse from 65 to 50. When the dose exceeds three grams it causes a sensation of fullness at the stomach, nausea, and diarrhea. Larger doses cause dangerous symptoms, due to hydrocyanic acid, which appears to combine with the hemoglobin of the blood.

The value of this substance in medicine appears to depend chiefly upon the constituent tannin and prussic acid, and is said to be useful in debility of the digestive organs, general debility, accompanied by local or general irritation, in the convalescence from local inflammations, in acute febrile diseases, and in painful affections of the stomach. It has been recommended in intermittent fever. Tannin has been held in high repute in the treatment of ague (*Chancel Pezzoni*), and so also has prussic acid in the form of bitter almonds. The prune bark is much used in America in the treatment of phthisis; it is said to have a marked effect on the pyrexia, on the cough, on the expectoration, and on the night-sweating. It has been used by Van der Espi with success in whooping-cough. Hydrocyanic acid is an old remedy in the affection. In this country the bark has been used chiefly in heart-

disease, and it is said to be of very marked value as a cardiac sedative, most useful in the cases in which digitalis is not well borne. In bronchitis the sedative effect of the prussic acid on the cough, and of the tannin upon the expectoration, is said to be valuable. It has been recommended as an external application to ulcers, and as an application to the eye in catarrhal ophthalmia. In the latter Van der Espi asserts that it is much more useful than simple tannin. These are the chief alleged uses of the drug, but the list does not by any means exhaust the class of diseases in which it has been recommended, and which comprehends a large proportion of known maladies. The bark is administered as a powder, in an infusion, a syrup, or a tincture. By evaporating the tincture an extract is obtained which the Americans call prunin or cerasin, the dose of which is from two to ten grains. Possibly the reason why it has been so little employed in this country is the deterioration of the bark before it reaches us.

[Its antiperiodic (antimalarial) powers we have personal knowledge of as well as of its tonic and expectorant properties.]

Treatment of Bromide Rash by Salicylic Acid.—Mr. William Prowse, of Cambridge, writes, in the *British Med. Journal*:

I wish to draw attention to a fact of therapeutic importance in the part that salicylic acid plays as a local agent in the cure of the pustules and the peculiar ulcerations arising from the prolonged toxic effects of the bromide of potassium.

The saturated solution of this acid (one grain to one ounce of water) applied frequently, and, where possible, constantly, by means of lint and oiled silk, is a most efficient and certain remedy in the worst cases.

Miss F. W., aged twenty-three, of dark complexion and strumous habit, the subject of organic epilepsy from birth, has consulted me upon several occasions during the past four years on account of large sores upon the calves of both legs, upon the forearms, and other parts, resulting from the constant use of the potassic bromide during the last ten years. Thirty grains per diem is the utmost quantity now taken. For the past two years arsenic has been administered in combination with it, and this drug has undoubtedly had a powerful effect in controlling, but does not entirely prevent the recurrence of the eruption. At first I used various local astringents with more or less good results; but the salicylic-acid lotion appears to act as an antidote, for in this, and in other cases of a less severe character in which I have prescribed it, its good effects are immediately seen, and wounds of the size of the palm of the hand have been soundly healed by it in a few (less than seven) days.

Sleeplessness.—The following is recommended as a cure for sleeplessness: Wet half a towel, apply it to the back of the neck, pressing it upward toward the base of the brain, and fasten the dry half of the towel over so as to prevent the too rapid exhalation. The effect is prompt and charming, cooling the brain and inducing calmer, sweeter sleep than any narcotic. Warm water may be used, though most persons prefer cold. To those who suffer from over-excitement of the brain, whether the result of brain-work or pressing anxiety, this simple remedy has proved an especial boon.—*Med. Press and Circular*.

The Pathology of Insanity.—Extracts from Dr. Charles F. Folsom's article, in the Boston Med. and Surg. Journal, July 15th:

In two hundred and sixty-one autopsies of the insane, Pinel found only sixty-eight diseased brains; in two hundred and seventy-seven, Esquirol seventy-seven; in one hundred, Chiarugi ninety-five; in one hundred and sixty, Parchappe one hundred and fifty-two; in seventy-two, Webster seventy-two; in one hundred and seventy-one in the Vienna Asylum, one hundred and fifty-two; in three hundred and eighteen in the Prague Hospital for the Insane, two hundred and eighty-eight. There is only one disease, general paralysis of the insane, in which the morbid appearances discoverable after death, with our present knowledge, bear a definite relation to most (not all) of the manifestations during life; and even in that disease, if with prominent tabic symptoms, the morbid anatomy of the spinal cord is identical with that observed in posterior spinal sclerosis (progressive locomotor ataxia), the one disease being now and then mistaken for the other. . . .

If asked whether there is a fixed lesion of the brain or any of its parts corresponding to given psychological changes, we should be obliged to say no, except in the case of incurable dementia. If asked whether there are important morbid changes corresponding with all cases of insanity, we can say yes, always, except that in some of the milder forms of delusional insanity we have not yet discovered any. There are certain lesions which invariably cause marked deterioration of the mind. These are, general inflammation of the cortex of both hemispheres, general meningitis in the convexity of the hemispheres, marked and general edema of the brain, general atrophy, extensive thickening and granulations in the ependyma of the ventricles. . . .

Insanity may, both in its acute and chronic form, be the result of simple anomalous excitation or nutrition of the brain without any noticeable change in its appearance.

Generally, however, it consists in recognizable diseased conditions, which become more manifest the longer the duration of the disease. These are, in the majority of cases, hyperemic, anemic, and inflammatory processes, which appear first, for the most part, in the pia mater and cortex of the brain, extend to various depths of the cortex and of the medullary portion, and end either in resolution and cure or in incurable destruction of the brain-tissue and more or less general atrophy of the brain, with the corresponding symptoms of partial or complete loss of mental power and intelligence.

Non-inflammatory changes in nutrition also are very common, and these are recognized only in their late stages, ending in atrophy of the brain, which corresponds to an advanced period of the disease; in their early and developmental stages they are still not yet made out.

In the functional mental diseases there is no lesion of the brain as yet recognizable, except in the latest stages, and then the changes may be no more than are to be found in the brains of persons dying simply of old age.

The organic mental diseases are associated with diffuse, as opposed to localized, lesions of the brain, chiefly of the cortex.

In insanity arising from marked organic disease of the brain, syphilis, general paralysis of the insane tumors, etc., the morbid changes are very marked, but are not confined to one region.

There is as yet no evidence to indicate any localization of the intellectual functions of the brain further than that they belong, without much doubt, to the cortex. When apparently local injuries or disease cause insanity, they probably do so only through a general disturbance of the brain, or through diffuse disease resulting therefrom, and for the most part affecting both hemispheres.

The molecular changes in the cortical ganglionic cells which give rise to insanity, and their relation to the grosser pathological conditions of the brain just enumerated are still not clearly made out.

Remarkable Case of Fractured Femur in an Adult, resulting from undue and sudden Muscular Action, without Pre-existent Osseous Disease.—Reported by Clarence Foster, M.R.C.S., in Medical Times and Gazette:

On June 16th I visited a gentleman, aged fifty, suffering from simple transverse fracture of left femur at its middle third. As is usual in this accident, there was considerable deformity, rendering the exact nature of the injury at once apparent. The patient had neither fallen nor in any other way experienced direct violence to the limb, but in walking across the floor he unfortunately made a slight trip, and in endeavoring to maintain his equilibrium the sudden muscular action thereby induced caused the bone to snap asunder.

The history of this case, if not unparalleled, is at least remarkable; for although Debeaumarchef, Leveillé, and Curet have cited somewhat analogous instances, so eminent an authority as Richerand positively asserts that a long bone when healthy can never be broken by this means alone, and I have no reason whatever for supposing the existence of any abnormal condition of the part in this special patient.

Action of Quinine, Digitaline, and Atropine. Dr. Guido Cavazzani has arrived at the following conclusions on this subject (*Annali di Med. Pub.*, etc.): Quinine and atropine have an astringent action upon the peripheral vascular extremities. They correct the vascular dilatation caused by digitalis. Atropine and digitaline are antagonistic; the first giving tone to the terminal vessels and paralyzing the heart, the second producing an opposite effect. These two remedies associated cause considerable slowing of the ventricular contractions of the heart and much less slowing of the auricular contractions. Quinine and digitaline combined reciprocally increase their force of action. Quinine and atropine neutralize each other as to their action upon the heart. These three remedies given singly may cause a state of collapse, which in quinine is due to ischemia of the heart, in digitaline to its tetanization, and in atropine to its asthenia.—*Med. Press and Circular*.

Glanders.—A German military surgeon, writing to the *Militär-Wochenblatt*, directs attention to the danger arising from the thoughtless use of the pocket-handkerchief in removing foam which may have been cast on clothes from the mouth or nose of the horse. (*Lancet*). A case is cited in which an officer, the owner of a glandered horse that had been shot, was attacked with what at first appeared a catarrh, but which, resisting all the usual remedies, eventually proved fatal. The whole of the circumstances of the case led to the conclusion that the unfortunate gentleman had been guilty of the indiscretion referred to, and thus contracted glanders.

Suppression of Urine with Temperature of 112°.—Dr. Sue, in Michigan Med. News:

On March 25th was called to Miss H., aged thirty, a school-teacher. Found her much prostrated, pulse 90, temperature 100°, pain in lumbar region, extending down both groins. Had voided no urine since the 24th; relieved her with catheter of eight ounces of normal urine. She complained of headache, the stomach was irritable. Her bowels were constipated. Gave bromide of potash and a laxative.

March 26th, bowels had moved but no urine voided, nor had she any desire to urinate; had slept little through the night. Introduced catheter; no urine.

I placed her on fifteen-drop doses of the fluid extract of jaborandi every three hours, milk diet, hip-baths, and hot fomentations to the back.

March 27th no change. Moved the bowels with saline cathartics. The irritability of the stomach increasing, ordered bismuth and hydrocyanic acid, dilute. And from the 25th of March to the 3d of April she did not pass one drop of urine. The temperature during that time ranged from 100° to 101°, and the pulse from 90 to 100. Insomnia and restlessness, occasionally slight muscular twitchings were the only other abnormal symptoms.

On the 4th I drew four ounces of urine, but none after till April 6th. On the morning of that day the temperature reached 112°, the pulse was 160, feeble and irregular. The mind was clear. She was placed in a chair and an alcohol bath given. She was then replaced in bed and surrounded with bottles of hot water. The skin for the first time responded to diaphoretics, and in one hour she was bathed in perspiration. In two hour's time the temperature fell to 100°, and the pulse to 80. In three hours I drew with catheter eight ounces of urine. The secretion was reestablished after this, and she gradually convalesced. Five weeks from the time of taking to bed she was able to resume her occupation.

Remarkable points. First, the length of time entire suppression existed without uremic poisoning. I have not been able to find in any work or journal a case of this kind which did not end in death by the eighth day. Second, the high temperature reached (112°) with recovery.

The Objections to the Metric System.—C. W. Erwin, Allendale, S. C., in Atlanta Med. and Surg. Journal:

I beg space for a word of protest against what seems to be a useless innovation; a thing not absolutely new, but copied from the French and accommodated to our acceptance. Indeed, it would appear that some of our pharmaceutic associations and a few of the best authors have already adopted it. I allude to the metric system. This I am satisfied is not only more complicated and more difficult to understand than the common system, but is decidedly less accurate, and at the same time subjects the practitioner and druggist to a greater liability to mistake. To say nothing of the useless employment of Greek and Latin terms of quantity and measure—such as decimeter, hectometer, and kilogram, etc.—adopted from language with which but a comparatively small number of American physicians are familiar, there are many objectionable features.

We know of but one advantage claimed for the new system worthy of notice; namely, it is said to be easier to calculate. This is a mistake. It is true decimals are substituted for vulgar fractions; but just

think for one moment of the immense mental worry and fatigue of reducing fractional cubic feet to their respective places in the table. In the reduction the mind is lost, and has no appreciation of the quantity as it is expressed.

No system should take precedence of the old that is not (1) as accurate; (2) as easily and quickly calculated; (3) does not express weight, quantity, bulk, or measure present to the mind as rapidly and as nearly as may be the exact appreciation of the quantity, weight, or measure expressed by the numbers.

It is not only necessary to calculate by arithmetic the vulgar or decimal fractional part of any unit of measure, but when the answer is called the mind should grasp the idea of the actual quantity or bulk expressed by figures.

Now we contend that the lower the numbers and fewer the figures the more readily the mind takes in the idea. For this reason experience has taught us when figures expressing quantity, weight, or measure become too numerous, it is best to resort to lower figures of a higher denomination.

The mind may more easily grasp the actual quantity of ten bushels, one pint, and one gill, than the same quantity expressed in gills (2565). Take for example:

REMEDIES.	OLD SYSTEM.	NEW SYSTEM.
Gum opii.....	Gr. $\frac{1}{2}$ to ii	= 0.03 to 0.12 gms.
Aconitia	Gr. $\frac{1}{2}$ 00 to 1.50	= 0.0015 to 0.0010 gms.
Ferri chlor. tinct.....	Gtts. x to xxx	= 0.60 to 1.80 C. C.

The gram does not run long enough. To be accurate, figures must be so increased that the mind is lost in the estimate; and to avoid this difficulty, the decimal expressions, as given in dose-book of Met. Club., but rudely approximate, while they differ, as is acknowledged, from other posological tables, making confusion worse confounded.

In the dose-book to which we have referred the equivalent of one grain is put down as 0.60 grams, and the equivalent of one dram as 4 grams, whereas it should be 3.60 grams; and the ounce 32 grams, where it should be 28.80 grams. Here is not only inaccuracy but a useless tax upon the memory and a waste of calculations.

No doubt four fifths of the physicians of the United States will concur with us in the statement that the system, so far as it has been adopted, should be speedily abandoned, and we think it is quite time that our medical journals should be calling attention to its evident demerits.

Case of Sudden and Transient Swelling of both Lips and Tongue.—Dr. A. I. Lawbaugh, in Boston Med. and Surg. Journal: On the 26th of June Mrs. S. came to my office with her infant, aged ten months, who presented a hideous and ridiculous appearance; both lips, enormously enlarged, standing out stiffly, and the swollen tongue projecting almost motionless between. The lips were not tender; pressure did not cause pitting; there was only a trifling degree of redness; did not exhibit any signs of pain. A large quantity of saliva was continually overflowing. The preponderating symptom was the immense swelling. The mother stated no injury had occurred, and that the whole condition as above described had occurred within half an hour. The child was unable to grasp the nipple or swallow from a teaspoon. The swelling soon after began to subside, and in less than twelve hours was all gone. No other treatment was pursued except the application of very weak lead-water.

Peptonized Milk as Food for Infants and Invalids.—A most interesting contribution on this subject is given by Prof. R. J. Nunn, of Savannah, Ga., in the American Journal of Obstetrics. The following is extracted therefrom:

It can not be too often or too forcibly pressed upon the attention of the profession and the public that the milk is sometimes rendered unwholesome, in the customer's own house, by the vessels in which it is received not having been scoured out with soda. On stale milks, even in minute quantities, there very quickly germinates a blue mold, such as is seen often on cream cheese, and called *oidium lactis*. The mixture of this adhering to the corners of the can or the tubes of the feeding-bottle, or to the bottle itself, causes the fresh milk to turn sour and give rise to colic and diarrhea, and not unlikely also to "thrush" in children; for the crust which forms in the mouth is not a dissimilar mold.

Aside from the natural changes which take place in milk, and which sometimes cause it to disagree with certain persons, there are three other sources of danger, against which boiling is a powerful precautionary measure: 1. Contamination derived from a diseased or improperly-fed cow; 2. Those absorbed after the milk has been drawn from the cow—it may be from the atmosphere, from the personelle or appliances of the dairy; 3. Adulterations intentionally added, such as impure water.

A high English authority forcibly says, "The real poisons, whose possible presence throws a dark shadow over the enjoyment of this delicious drink, are quite independent of its richness, or the reverse."

The tendency of cow's milk to form a large and compact coagulum is the great source of inconvenience in its administration to invalids and infants.

I would now suggest the use of pepsin to check this tendency. There are three varieties of pepsin now in use:

1. *Pepsin*, which is prepared from the stomach of the adult pig.

2. *Rennet*. To prepare rennet, one must procure the stomach (*abomasus*) of a sucking calf, if possible killed during digestion. The mucous membrane is gently washed with cold water, and then detached from the organ, well salted, and hung up, stretched upon sticks, to dry. When desired for use, cut off a piece about two inches square, sufficient for a quart of milk, and wash out the salt; then cover it with lukewarm water and allow to stand about two hours. The resulting solution will coagulate milk in from fifteen to twenty minutes, the temperature being kept at about 90° F.

3. *Ingluvin*. It is made of the dried and powdered lining membrane of the gizzard of fowls.

Rennet is the preferable pepsin for milk. The novelty and essential feature consists in the mechanical subdivision of the curd, so as to present it to the stomach in the best possible condition to insure digestion.

The author then details the processes for making milk peptone, cream peptone, kumyss peptone, and granulated curd peptone by the same process as described above.

Dextro-quinine, of Keasbey & Mattison, is in every respect equal to sulphate of quinine, grain for grain. Why not use it instead of the sulphate? It is much cheaper.—*Southern Practitioner*.

Antagonism of Poisons.—The conclusions of Dr. Falck (*Archiv der Pharm.*) concerning this subject are of interest in view of the many erroneous impressions which exist. He has shown that for no pair of poisons yet investigated does a mutual physiological antagonism exist. On the other hand, there are numerous instances of one-sided antagonism. The best known is in the case of muscarin, the alkaloid of poisonous mushrooms, and atropia. The latter is a true physiological antidote for the former. Their physiological antagonism has been exactly investigated in the case of most of the organs of the body. Myosis, salivation, vomiting, diarrhea, changes of pulse and respiration, which are caused by muscarin, are removed or prevented by atropia, if the latter is applied simultaneously. Muscarin and atropia act upon the same organs, the former having an excitant, the latter a paralyzing action; but while the latter can arrest the action of the former, the reverse has not been found true. A similar one-sided physiological antagonism exists between pilocarpin and atropia.

Physostigmin is an antidote to atropia, chloral hydrate to strychnia, atropia to both chloral hydrate and morphia, but all in a pharmacological, not in a physiological sense. One will diminish the symptoms produced by the other, but does not act on the same organs in a physiologically opposite manner.

In cases of poisoning by strychnia, chloral is undoubtedly the best antidote that can be employed, while atropia is to be looked upon as of great value in cases of poisoning by morphia.—*Boston Med. and Surg. Journal*.

Spontaneous Recovery—Pulmonary Phthisis.—In 16,562 post-mortem examinations old tuberculous masses were found in seven hundred and eighty. Of these five hundred and three were in males and two hundred and seventy-seven in females. Of these seven hundred and eighty patients there died of carcinoma one hundred and seven, tuberculous affections (not of the lungs) one hundred and one, chronic Bright's disease eighty-three, brain and spinal-cord affections sixty-two, pulmonary emphysema fifty-eight, diseases of the heart and its adnexa fifty-five, granular liver forty-five, wounds and suicides twenty, croupous pneumonia forty-six, caries and necrosis of bone, puerperal diseases, pyemia, etc.

We are as yet unable to find any satisfactory explanation as to why or when such a cessation of the process occurs. At one time we find it taking place during the most marked disturbances of bodily nutrition, as in the acute diseases, and again we observe its rapid progress notwithstanding the most favorable hygienic surroundings. Of one fact our author is convinced, that the prognosis becomes unfavorable as soon as the process has passed certain limits. In a lecture published two years ago he fixed these bounds at the second and third ribs anteriorly and the middle of the scapula behind. These anatomical and pathological observations only confirm the views then expressed.—*Dr. Heitler, of Vienna*.

Nerve-stretching in Sciatica.—Mr. J. W. Barrett writes, in the British Med. Journal: I have seen a good deal about nerve-stretching for sciatica recently in our journal, and also in other works. I have treated a great many cases of sciatica, some of them very obstinate, but have not yet discovered one that would not yield to quinine combined with opium or iron.

NEWS.

"NEC TENUI PENNA."

No. 8.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

IS INSANITY INCREASING?

The popular idea shared in by the mass of the profession is that insanity is greatly on the increase in this country. Dr. Chas. F. Folsom, in a series of thoughtful lectures published in the Boston Medical and Surgical Journal, discusses at length the subject of insanity, and in Lecture IV takes the ground that the increase of this malady is more apparent than real. He says, truly, that we can not obtain lunacy statistics even of a tolerable degree of accuracy in America. And yet he goes on to say that there can be no doubt that there is a moderate increase in lunacy, as well as in all other diseases of the brain and nervous system. On this last point we can not agree with the learned lecturer. If it is impossible to obtain statistics "of even a tolerable degree of accuracy," on what foundation is it declared confidently that "there can be no doubt of a moderate increase" in these affections? A careful perusal of the extracts we make from Dr. Folsom's remarks must convince any one, we think, that the increase is in all probability only apparent, and is fully accounted for by the lecturer's well-collated facts. If we remember correctly, Dr. Folsom believes—and we are quite of the same opinion—that intermarriage of relatives is only dangerous in its results to the offspring so far as the cohabiting persons may be of unsound constitution. In other words, the children of close blood relation, if the parents be healthy, vigorous people, without hereditary taint or tendency, are just as likely to possess

sound minds and sound bodies as though their parents were in no way related to each other. From time immemorial the church has taught that consanguineous marriages are sinful, and the state prohibits them, beyond a certain degree, because of the supposed deleterious effects upon the offspring. Popular feeling in all Christian countries is shocked by the intermarriage of close relatives; but we believe that the idea is erroneous, and is founded greatly on sentiment. Assuredly it is, to say the least, an open question.

We can not procure statistics of even a tolerable degree of accuracy with regard to the numbers of insane in the United States or in the several states. According to the various censuses, the proportions would vary from about one in four hundred to one in as many thousand, but these figures are manifestly inexact. The statistics of England, France, and Massachusetts indicate an enormous increase in the numbers of the insane who become a public charge in each successive decade, and the figures gathered from all countries prove conclusively that more insane people are *known* to be in existence proportionately to the population from year to year. The question naturally arises, Is insanity increasing as fast as appears at first sight to be the case, or is the increase apparent rather than real?

In the first place, the definition of insanity has so *widened of later years as to include vastly greater numbers of the population than hitherto.* Large numbers of persons now confined in our asylums would have been considered far from being insane a half century ago. Until about the beginning of this century the courts almost universally held that to be exempted from punishment on the ground of insanity a man must be deprived of all memory and understanding, and no more know what he is doing than “an infant, brute, or wild beast.” Less than fifty years ago the capability of repeating the multiplication table was gravely propounded in an English court as a test of sanity in a case involving a large sum of money, while at that time insane asylums

were veritable Bedlams, where chains and dungeons formed a large part of the treatment. Now you will observe at Danvers that in many wards some patients are quiet and orderly; in some the inmates are as well behaved as the corresponding class of persons outside of asylums; while not a few have either self-control, moral sense, or the faculty of exact and logical reasoning to an extent which would not do discredit to the great proportion of the world at large. In a word, take ten thousand people at random now, and probably *at least twice as many would be called insane as in the same number fifty years ago.*

Again, it is hardly a generation ago that we commenced taking care of the insane. Some states have not fairly commenced yet, and even in parts of New England those of unsound mind are neglected and squalid in town almshouses or county jails. In our state, as in England, France, Germany, and *wherever humanity has demanded improved accommodations for the insane, they have accumulated enormously, from the simple fact that they are protected like children, and kept from dying of neglect, suicide, and exhaustion.* In other words, science and humanity have *prolonged their lives of illness* to as much as tenfold their natural length in some cases, if they were left to themselves, even where nothing can be done but to protract their misery. The more intelligent views now held of insanity as a disease rather than a possession by the devil have led people to be *less backward in reporting their insane relatives as such*, while the increasing number of insane asylums and the growing confidence in them have brought many of the insane to notice who formerly would have been concealed in attics or cellars and never mentioned.

The alleged frightful increase in mental disease which statistics can be made to show certainly does not exist. Whether or not more persons become insane each year in proportion to the population, we have no methods of determining statistically. There can be no doubt, however, that there is a moderate increase in that as in all other diseases of the brain and nervous system. . . . The causes of this increase are twofold: first, in the greater predisposition to disease, hereditary tendency; secondly, in the greater number of exciting causes in our complex modern civilization, which forces upon men such an exciting part in the keen struggle for existence, and subjects them to such deep and various affections of their emotions and feelings. The increased predisposition to insanity is one of the indications of degeneracy of stock. Under the fostering influences of our skill and humanity defectives are raised, and many who formerly would have died in early life live to maturity, marry, and beget a feeble offspring predisposed to disease. Persons suffering from the severe neuroses are able to perform the light labor demanded

in many of our arts and manufactures who would soon have disappeared, on the principle of the survival of the fittest, when physical strength was necessary for existence. The desperate seeker after wealth and position expends his energy in the eager race, and leaves to his offspring a legacy of exhausted vitality; and many of the fashions of the day encourage moral weakness and physical decay. *Greatest of all curses, however, in this regard is the abuse of alcoholic liquors, which certainly stores up more insanity for future generations than any other one cause.*

. . . Insanity is one of the penalties which we are paying, perhaps not necessarily, for our many luxuries and modern culture in the transmission of impaired energy and strength to descendants, thereby increasing their chances of insanity when exposed also to its exciting causes. In former times the great pestilences swept away a great many of these defectives. Now these very plagues have been found to depend upon natural laws, and to be preventable. . . .

The exciting or immediate causes of insanity are extremely numerous, the disease occurring in order of frequency at the following periods of life: twenty to thirty (maximum), thirty to forty, forty to fifty, fifty to sixty, sixty to seventy, ten to twenty, seventy to eighty, eighty to ninety, naught to ten (minimum), and *more often in the most ignorant and degraded class of a civilized people than among the higher and educated, reaching its maximum where civilization and misery coexist.* . . .

A physician is often asked by parents what is the cause of insanity in their children, when the only true answer can be that it is simply a natural and logical evolution from conditions in the parents themselves. Among its antecedents are not only insanity in ancestors, but also *epilepsy, neuralgia, pulmonary consumption, hysteria, and especially habitual drunkenness.* Excessive overwork or absorption in one great idea of money-making, with the everlasting drive night and day for position or wealth, exhausts the vital energy, and is not an uncommon source of mental disease, mysterious to those who propagate it, but readily explainable by the medical psychologist. . . .

The *predisposing causes* are chiefly hereditary: drunkenness of both parents, or one at the time of conception; intermarriage of persons, whether relatives or not, with a family tendency to epilepsy, syphilis, rheumatism, chorea, hysteria, habitual drunkenness, dipsomania, insanity, neuralgia, or any of the cerebral and spinal neuroses; the abuse of tobacco, opium, and chloral; frequent attempts at abortion; injuries or excessive emotional disturbance during gestation; the risks of birth in large children, including compression of the head, etc.; in fine any conditions of mental or physical exhaustion and decay. In making up one's mind upon the point of inheritance it is necessary to examine the history not only

of parents, but of grandparents, uncles, aunts, sisters, brothers, and cousins.

Among the *immediate or exciting cases* of insanity are the various conditions of ill health, now so much more commonly reported in our asylum records than fifty years ago, as to indicate a decided diminution in the resistance of the race to disease; the misuse of alcohol, opium, tobacco, chloral, etc.; a stagnant life and occupations exhausting the system without furnishing suitable recreation; disturbances during the period of development and adolescence; masturbation; in women, morbid processes during the great physiological changes in conception, gestation, childbirth, lactation, menstruation, and change of life, as well as repeated abortions, uterine disease, love affairs, seduction; sexual excesses; great emotional disturbances, fright or shock, adverse circumstances, loss of friends or relatives, domestic troubles or grief, religious anxiety or excitement, disappointed affections, wounded feelings, excitement of politics, business, etc.; pauperism and want; epilepsy; injuries to the head or spine; sunstroke; the various acute diseases; the cachexia of syphilis and pulmonary consumption; heart-diseases producing disturbances in cerebral circulation.

Original.

DIET FOR THE SICK.

LECTURE NOTES FOR THE MEDICAL CLASS,
UNIVERSITY OF LOUISVILLE.

BY J. W. HOLLAND, M. D.

Professor of Materia Medica and Medical Chemistry.

It is a matter of moment to an invalid that some body other and wiser than himself should take thought of what he shall eat and wherewithal he shall be clothed, no less than with what physic he shall be drugged. The better part of the modern treatment of many diseases consists in the ingenious arrangement of the details of food and nursing. An important class known as the specific fevers, such as typhoid, scarlet, and yellow fever, as well as other maladies no less severe, are treated by the masters of today according to what is known as the "expectant" or "let-alone" plan. In the absence of known specifics, or medical helps of assured value, they abstain from meddlesome experiments that probably lower vital resistance, and expect, by regulated diet, careful nursing, and external appliances, to bring the trouble to a favorable end. The natural history of these diseases, when let alone, has shown that they tend to limit themselves and that

a wonderful array of drugs which, through the ages, have been vaunted as cures for them in reality have had no influence that could be called remedial. Even in the large class in which medicines are of undoubted benefit, the amount, character, and time of eating and drinking, can not be safely left to the half-knowledge of the average nurse still less to the taste and traditions of the sick. The doctor is as responsible for the regimen of food as for the prescription; to the pharmacist belongs the duty of rightly compounding the latter; while to the nurse should be left, not the details of the former at discretion, but simply the administration of diet and drug. To get loose from the clutches of the many-headed monster, Indigestion, a rigid adherence to a dietary laid down by the doctor is essential. Appetizers, antacids, and digestants do little good so long as the invalid persists in his ordinary diet, which, if not the procuring cause, in most cases perpetuates the morbid action. An experience of ten years in examining medical graduates reveals a tendency in them to consider themselves "medicine men," as shown by the undue importance they attach to the pills, powders, and potions they are prepared to give. They ignore the great fact that generally upon a full and carefully-selected diet the patient must depend for the natural strength which is to be the chief reliance in stemming the adverse tide. By collecting in one short course the advice upon this subject usually given under various widely-separated headings, it is believed that both convenience and thoroughness will be best achieved.

It would doubtless lend to this lecture an appearance of greater scientific precision if it led off with a series of tables, giving the chemical constitution of foods and their muscle-building and heat-producing value. While some help of a certain kind may be conceded to such tables, it would be beside the mark to quote them here; they would weigh a plain matter down with learned lumber. In the sick-room we are determined in our choice by an abnormal condition in which both appetite and digestive power are either perverted or lessened. The question is either "What can he take?" or "What can he assimilate?" rather than "How much nitrogenous or how much carbonaceous matter can the chemist detect in the solid residue? The experience of the sick room as interpreted by the doctor is the best criterion, not the dictum of the analyst. What Bacon says of the regimen of health applies to some

extent here also. "There is wisdom in this beyond the rules of physic—a man's own observation what he finds good of, and what he finds hurt of is the best physic to preserve health." Appetite is a very different thing from digestive power; it is often helpful, indeed necessary, to feed when there is no appetite, and again to forbid the satisfaction of an appetite which may be itself a symptom of disease. It should never be forgotten that to be too generous in diet is as bad as to be niggardly. The consequence of excess is indigestion, which to the original mischief adds a new irritation with an impaired power of receiving strength from food. Virtually the invalid is underfed when he takes more than he can digest, starving in the midst, indeed, on account of his plenty.

As between two articles of diet equal in other things, of course one should choose that which the laboratory pronounces to contain the largest number of alimentary principles combined in the best proportion. The human body may be likened to an eddy into which solids and liquids are drawn from the current of food, a due and regular supply is needed to keep it at its fullest and most effective whirl. The force must be kept up, and every part must be replaced as it flows away in the excretions by a variety of material to correspond to varied uses and structure. For example, in milk, the exclusive nutriment of the infant, all the varieties of food are represented. The omission of any of these for a lengthened period would prove disastrous to a well man, and is all the more to be deprecated under the conditions of increased waste found in the sick. It is the modest aim of these lectures to give a short account of the chief articles of diet used by the sick, and then to point out the practical dietaries framed by the experience of mankind, and confirmed by the teachings of science.

KINDS OF FOOD.

For convenience food principles have been classified as follows: 1. The inorganic group of water and the mineral salts; 2. The starch and sugar group; 3. The fats; 4. The albuminoids or flesh-formers.

Water.—Water, a member of the first group, is the most important of all, and constitutes the larger part of all food, solid as well as liquid. Forming three fourths of the body weight, and essential to perfect organization of every member, it is also the common carrier. Without ceasing it is discharged at some gateway as perspiration, the vapor of breath, or urine fulfilling the indispensa-

ble office of scavenger to the wornout substances that poison us if retained. During the day a healthy adult needs an average of four and a half pounds of water. It is never drunk chemically pure; as nature does not supply it in that state, the presumption is that we do not require it. It is pure, medically speaking, when it does not contain mineral poisons nor organic matter injurious from its quantity or specific character. If, owing to its taste, color, odor, or source, any suspicion rests upon it, a better kind should be got if possible. It is an accepted opinion that cholera, dysentery, diarrhea, typhoid fever, worms, and other maladies are frequently due to unwholesome water. Filtration will not rid it of this quality, boiling is the only safe method of purifying, and should be practiced when, owing to an epidemic, a reasonable doubt is entertained. By boiling it loses its freshness, which fault can be to some extent remedied by adding ice, or by making a lemonade or a weak tea or a thin mucilage of elm-bark, barley, flaxseed, or watermelon-seed. There is no evidence of a conclusive kind to the effect that a palatable water is less wholesome because of its hardness; the habit of the invalid in this respect is the best guide. When charged with minerals to the extent of having a marked taste or special effect upon the body, it is a mineral water, and then ranks among medicines not foods. A liberal supply with the solid food is necessary for the highest state of health. In excess it causes increased waste of tissue and undue activity of the kidneys, skin, or bowels, according to the time and method of taking.

Common salt should be used according to the taste. It not only aids digestion by promoting the secretion of dissolving juices from various glands, but plays an active part in absorption and vital changes throughout the body. In excess it has a laxative effect, and would probably induce wasting.

The phosphates are largely present in the various foods, forming the chief constituent of meat-juice. Besides various essential functions connected with the blood and solid tissues, they are especially demanded for the nutrition of bones and nerves. If the normal supply is lowered the bones suffer in their solidity, hence the special demand for them in cases of rickets and allied affections.

Wheat bread is either white or brown. The white or ordinary lightbread is made from flour which contains no bran. It is highly nutritious, may be eaten continuously

without satiety, and contains some principles belonging to each of the four groups. It is somewhat deficient in fat, hence the advantages of using butter with it. If the loss of phosphates and albuminoid matter due to bolting be considered important, resort can be had to *brown or Graham bread*, in which they are retained with the flour of the whole grain. The inner scale of bran contains a ferment called cerealine, which has the power of aiding digestion by converting the starch of the kernel into sugar. The outer scale is indigestible, yet the retention of bran is advisable; it not only raises its food value, but promotes by a healthy irritation the secretion and motion in the bowels. If brown bread be sweetened by the addition of sugar or molasses in the process of making, the flavor is made more acceptable to the sensitive invalid. The laxative quality should be remembered in prescribing: at one time it may help, at another time hurt. Bread that is new, moist, and hot is chewed rapidly to a consistency proper for swallowing, and forms in the stomach doughy masses not thoroughly mixed with the saliva needed to digest it. If the stomach is enfeebled these lumps will remain undissolved for some time, retarding the other digestive processes, and in the end a part will pass into putrefactive change. The injunction should be strongly framed that the bread of the sick-room must be stale; that is, at least one day old before it is cut. Usually it is better the third day than the second, digesting easily then in from three and a half to four hours.

Crackers contain more nutriment weight for weight, but require more perfect mastication, and on account of their dryness are best given in or with some beverage.

Pastry is so very difficult of digestion that it is hardly necessary to name it in this connection.

[TO BE CONTINUED.]

Reviews.

The Management of Children in Sickness and in Health: A BOOK FOR MOTHERS. By AMIE M. HALE, M.D. Philadelphia: Presley Blakiston, No. 1012 Walnut Street. 1880.

We have looked through this little book with much pleasure, and we commend it to our readers as well worthy of perusal. The author says:

At the outset I wish to urge upon mothers a few considerations whose reasonableness will, I think, be easily apparent.

Do not be too ready to adopt general maxims or inflexible rules for the treatment of your children, such as that "an infant should have a cold bath every day," or that "food should never be given between meals." Be satisfied with principles, and in details be governed by circumstances. Remember that conditions vary constantly. In case of illness, serious or otherwise, when you have chosen a physician do not hastily discard his advice for that of the well-meaning but mistaken mother or aunt or neighbor. It is true the doctor may be wrong, but the chances are a thousand to one that it is the friend who is so. Consider that, although she may have raised half a score of children, his experience is wider than hers. A physician in good practice sees more disease in one epidemic than the most peripatetic neighbor, who is "so good in sickness," sees in a lifetime. The doctor, too, trained as he is to observe details, sees things which escape the unprofessional eye, and he knows also their relative importance. I speak of the well-educated physician, and have no wish to undervalue those sensible, good women, whose practical experience is worth more than the superficial knowledge of the ignorant graduate, whose study is a sham and whose diploma is a fraud. I wish chiefly to indicate the fact that amateur doctoring, although it may chance to do well, is an unsafe dependence, since it has few principles to guide it, and its practice is founded upon a limited number of facts, and those but imperfectly understood. Like every thing else amateur, it is wholly unsatisfactory when tried by any high standard of professional art.

Would that the conceited and meddling grandmother, and the still more conceited and still more meddling maiden aunt, who has passed the age of probable matrimony, could be brought to believe these truths and to act on them. But alas! there is no hope of this. Unfortunately, these insurmountable obstacles to infantile health and domestic comfort are impermeable to hygienic and therapeutic truth, and resist common sense as the goose's feathers shed water. Tradition is their god of medicine, and their personal experiences are his revelations to them. It does no good to tell these fanatics and lunatics, as Dr. Amie Hale does, that "according to the Report of the Board of Health of the City of New York for the year 1876, 14,208 children under five years old died during the year. The whole number of children under five years of age in New York is computed to be 130,000. Of these one hundred and ten in every thousand die," for they are joined to their idols, and will die in the belief that they know more about raising children than all the doctors do.

Dr. Hale's ideas of diet we can not altogether indorse. Like most doctors, she puts more faith in the food-theories of the physiologists and chemists than she does in the appetite instincts of nature. If children's diet were left more to the fancy of the young

animal, as in the case with pigs, calves, colts, and the like, the mortality among the young of the *genus homo* would be far less. The negro children of the South in the days of slavery were the healthiest children we have ever seen. They grew up with quite as little difficulty as they were begotten and delivered. They played in the dirt, ate whatever they pleased (fat bacon was their favorite food), lived out of doors, and were washed seldom. In other words, like the other farm animals, they were raised in a state of nature.

The chapter on clothing is exceedingly judicious, and that upon air and exercise is good, but too much restraint is advised. Altogether it is an exceptionally good book.

The Practitioner's Handbook of Treatment, or the Principles of Therapeutics. By J. MILLNER FOTHERGILL, M.D., Member of the Royal College of Physicians of London; Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park; Assistant Physician to the West London Hospital; Associate Fellow of the College of Physicians of Philadelphia. "The knowledge which a man can use is the only real knowledge—the only knowledge which has life and growth in it, and converts itself into practical power. The rest hangs like dust about the brain, or dries up like raindrops off the stones."—*Froude*. Second American from the second English edition, enlarged. Philadelphia: H. C. Lea's Son & Co. 1880. For sale by Bradley & Gilbert, Louisville, Ky.

This work, says Dr. Fothergill in his preface, is not an imperfect Practice of Physic, but an attempt of original character to explain the rationale of our therapeutic measures. First, the physiology of each subject is given, then the pathology is reviewed so far as they bear on the treatment, next the action of remedies is examined, after which their practical application in concrete prescriptions is furnished.

This, the second, edition of Fothergill's Handbook of Treatment contains chapters on the following subjects not treated of in the first edition: When not to give Iron; The Functional Disturbances of the Liver; The Means of Acting upon the Respiratory Nerve Centers; The Reflex Consequences of Ovarian Irritation; and Artificial Digestion.

Dr. Fothergill is today, in America, the most popular of foreign authors, and his books always find a ready sale. At an early day we shall take occasion to notice the Practitioner's Handbook of Medicine at greater length.

Books and Pamphlets.

NATIONAL SANITATION. By J. C. LeHardy, M.D., Savannah. Reprint from Transactions of the Medical Association of Georgia, 1880.

Sanitarians should read this.

PEPTONIZED MILK AS FOOD FOR INFANTS AND INVALIDS. By R. J. Nunn, M.D., Professor of Theory and Practice of Medicine in Savannah Medical College, Savannah, Ga. Reprint from the American Journal of Obstetrics, etc.

Well worthy of perusal.

WHAT CONSTITUTES A DISCOVERY IN SCIENCE. By Geo. M. Beard, A. M., M.D., New York.

This is a defense of Dr. Beard's claim for originality in his treatise upon nervous diseases. He says very truly:

The first honor in science belongs to him who organizes. To organize a science—to vitalize it, so that it may live and grow, is to make ones self expert in it, and to point out the way for others also to become experts.

There are three stages of evolution through which all new ideas, before they are received into the full and unchallenged fellowship, have passed, are now passing, or are destined to pass:

First—The stage of indifference. In this stage the thinker not only has no opponents, but no audience; he must be his own listener and critic, as well as his own and only disciple. Not a few of the great discoverers, like Copernicus, have died before their discoveries could evolve out of this long and dreary period.

Secondly—The stage of denial. A few are awaking to the new truth, but declare that it is not truth. This is the non-expert's hour and the delusionist's opportunity to lead that opposition which is, every where, the inspiration and the sustenance of genius. Active opposition is therefore an encouragement to the friends of ideas; it is the first sign of growth; the plant has burst through the soil, and must meet with the winds and storms.

Thirdly—The stage of contests of priority. Now men say the discovery is important and true, but did not originate with the discoverer; some non-expert hath done this. The activity of this stage keeps history alive; since those who have risen to its level drink the past to its dregs for proofs that the world's work has not been done by its workers; they become themselves original in their search for originality. In this stage, indeed, antiquarian research attains oftentimes the wisdom of philosophy and the perfection of art; since it is demonstrated again and again that what we call modern science is really ancient; that the latest truths are but survivals of the oldest, and that Newton and Faraday, Hunter and Harvey, Fulton and Morse, were but feeble and conscienceless imitators. During this very year, it has been shown with a clearness and force that suggest pure mathematics, that Edison, the controller of hundreds of patents, is one of the few Americans who never invented any thing.

These three stages are not always distinctly defined, but they always exist, and must be traversed by every new thought that comes to an unwelcoming world.

Miscellany.

THE BELL NUISANCE.—We ask the serious attention of the clergy to these words of wisdom from the *Lancet*:

Complainings come from the city of what may be called the bell nuisance. This is a matter in which the sick and the sensitive have a keen interest. To healthy persons generally it may not be a source of serious annoyance, although many would, if they confessed the truth, be found to agree with Mephistopheles, in the play of "Faust"—so admirably rendered by the late Mr. Phelps—when, stopping his ears, he exclaims, "What execrable taste some people have!" No inconsiderable proportion of the community, however, are not in such robust health as to be able to endure the clanging of church-bells in a city, where the sound reverberates along the roofs of lofty houses and around chimney-stacks, reaching the ground between high and bare walls, like the noise of keys rattling in a box. In the rural districts, where the sound is softened and subdued by trees, and there are no long and confined streets to intensify the clangor, the result is different. The suffering caused to the sick by these bells is very great, and to many persons who are in health, but have the misfortune to be compelled to work with "what they are pleased to call their" brains, the effect is almost maddening. It is much to be regretted that something can not be done to mitigate this nuisance, for such it really is. Prejudice will, of course, defend the ringing and tolling of church-bells in cities as elsewhere, although the conditions are altogether different; but if the clergy are considerate as well as wise, *they* will consent to minimize instead of augmenting the stress of the evil, else there may come a time when the maledictions heaped upon the practice of bell-ringing and tolling *sotto voce* will be as loud and deep as the clanging that now rouses the evil spirits instead of laying them.

STUDENT THIEVES.—For a long period of time there have been occasional instances of theft by medical students reported from the different hospitals and schools, both in London and the provinces (*Med. Press and Circular*). Guy's, Charing Cross, the London, St. Mary's, Manchester, Leeds, Birmingham, and many others have been the scenes of these petty depredations, and in the majority of instances the culprits have been students at one or other of the great centers

of medical education. The latest addition to the list is St. Bartholomew's, a student of which school is now under remand, charged with the commission of a large number of thefts from his fellows. The reflections to which these unhappy disclosures lead are by no means comfortable. They tend to prove the truth of the statement made to the effect that there is a certain and possibly not inconsiderable number of young men who register as medical students, and who are morally unfit to become members of an honorable profession. Whether it is that these unfortunate youths are led into temptations that necessitate their extricating themselves from pressing difficulties by actual dishonesty, or whether criminal by inclination, they sink deeper and deeper into ruin, the fact nevertheless remains that a certain worthless residue does exist, and how to eliminate it and destroy its damaging effects must be one of the problems to be solved by the reformers of the future.

TANNER'S STARVATION.—As a scientific experiment, Dr. Tanner's fast ranks but little higher than the prolonged walks, swimming contests, etc. which have recently been so common. Its sole object, so far as we can learn, is to ascertain not whether a man can live forty days without food, which has already been proved in undoubted cases, but whether Dr. Tanner can live, as he says he can, forty days without food. On the other hand, it has been proved that death may occur at a much earlier period.—*Lancet*.

WOOL-SORTERS' DISEASE.—This affection has recently caused several deaths in England. The symptoms in a case mentioned in the *Lancet* were pains in the limbs, debility, restlessness, sleeplessness, and bronchitis attended by collapse. Death occurred twenty-four hours after the man was compelled to quit work. Post-mortem examination showed anthrax to be the cause of his death.

KNOWLEDGE.—"What we know to know that we know it, and what we do not know to know that we do not know it."

Dr. Beard, of New York, quotes the above from Confucius. Possibly the superior wisdom of Dr. B. and the late C. may understand it, but its sense we fail to perceive.

BRONZE-POISONING.—Several fatal cases in printers and workers in bronze-powder have occurred in England lately.

DR. HOWARD'S METHOD OF RESTORING A PERSON APPARENTLY DROWNED.—By J. H. P., in British Med. Journal of July 31st:

This is the plan taught by a man
In America much renowned
To give back breath and snatch from death
A body apparently drowned.
Those who are the standers-by
Off his wet things now must take,
Must rub him very warm and dry,
And of his clothes a bolster make.

The first step is to make him sick,
So turn him on his face;
Your roll beneath his stomach stick,
And the corresponding place
Upon his back press thrice or more;
Each time you press count slowly four.

The next thing is to make him breathe;
Therefore turn him round,
Put your roll a bit beneath
Where the shoulder-blades are found;
Then place his arms above his head,
His hips between your knees;
Your hands upon his ribs you spread,
And his sides together squeeze.

With elbows steadied on your hips,
You sudden forward press;
The weight of your body as it tips
Will make this labor less.
Backward and forward now you go,
Eight or ten times per minute, slow,
At the very least for an hour or so.

If the breathing does come back,
Let it have its way;
But if it should get too slack,
Quicken it you may.
When he breathes, the standers-by,
Who all the time have rubbed him dry,
Put him in the bed they will,
And leave him now to doctor's skill.

TOBACCO AND CARBONIC OXIDE.—The discovery, some years ago, by M. Gréhan that carbonic oxide is one of the products of the combustion of tobacco, has led to the suggestion that the deleterious effects of tobacco-smoking are due to this substance (*Lancet*). The suggestion seems improbable enough when we consider what powerful poisons are liberated at the same time; but the theory has seemed to M. Gustave Le Bon worthy of a careful experimental investigation, the facts of which are of some interest. The quantity of carbonic oxide formed was discovered to amount to about eight hundred cubic centimeters for each ten grams of tobacco burned. One per cent of carbonic oxide in the air breathed will cause death in twenty minutes, and its action is effected, as Claude Bernard showed, by combining with the hemoglobin. What dose of carbonic oxide, however, without being fatal, will cause dangerous accidents?

THE STRUCTURE OF THE SPERMATOZOA.—In the current number of the Quarterly Journal of Microscopical Science is a short paper by Dr. Heneage Gibbes, in which he states that he has found the spiral filament, discovered by him in the spermatozoa of several species of animals, as the rat, mouse, axolotl, pigeon, fowl, snail, and leech (*Lancet*). In the examination of different specimens of human spermatozoa, he has noticed a variation in the length of the tails, and in one specimen he found a number of heads with no corresponding tails. He throws out the suggestion that these variations may have some important bearing. It is quite possible that tailless spermatozoa may not be able to fertilize the ovum, while the greater the length of the tail the greater the locomotion and fertilizing power may be. Dr. O. S. Jensen, of Bergen, has found the spiral filament in the semen of horses; and Professor Fleming, of Kiel, has also confirmed Dr. Gibbe's observations, both as to the existence of this filament, with its mesentery, and the different reaction to staining fluids of the head and middle part of spermatozoa.

"NARCOLEPSY."—Under the name of narcolepsy M. Gelineau describes, in the *Gaz. des Hôp.* (*British Med. Journal*), a rare form of neurosis, characterized by an irresistible desire to sleep, sudden in its onset, lasting but a short time, and recurring at more or less prolonged intervals. This neurosis has some analogies with somnolence and catalepsy. It was described for the first time, in 1862, by Dr. Casse, who referred it to a serous and passive congestion of the meninges and of the brain. The persons suffering from it fall asleep any moment; their sleep lasts for a few minutes, and they then recover their consciousness. The patient whose case is reported by M. Gelineau fell asleep in this way four or five times during his dinner, letting his knife or fork fall, and breaking off in the middle of a sentence he was uttering. Up to the present time the most varied kinds of treatment have failed to give any good result.

[We have encountered two cases of this sleepy disease. One was a lieutenant of cavalry in the Confederate army. Before the war he was a dry-goods merchant, and since the war he has returned to his store. His narcolepsy dates from childhood. He is a very fleshy man, of more than average mental strength, and the father of several vigorous children. While selling goods, in the midst of a conversation, and even while

drinking a whisky toddy, we have known him to fall asleep. In a few seconds or moments he would awake, apparently unconscious that he had slept. A Confederate general of great intellect, an enormously obese man, was the second case. If talking when the sleep came on, these gentlemen would, on waking, resume where they had left off.]

PREVENTION OF INSANITY.—A purely intellectual life is one of the best antidotes to insanity. A philosopher, though he may have no offspring, or those of an impressible and sensitive temper only, is less likely himself to have mental disease than the emotional and uneducated mechanic or laborer. The man who thinks for himself on noble themes, and works out for himself the philosophic problems of life, has so few rivals in his generation that he escapes the friction which drives to madness the pressing crowd in the lower ranks and classes and stages of activity. The world can wait for philosophy, and the philosopher can wait for its utterance; while in the strife of business and professional competition there is constant imminence of care, anxiety, and overtoil.—*Dr. Geo. M. Beard.*

MEDICAL journalism in France seems to be in as bad a way as it is in this country (Boston Med. and Surg. Journal), if we may judge from the comments of a foreign exchange, which states that Bordeaux has just established its third medical journal; Toulouse and Rheims have each two; Montpellier three, Lille two, and Lyons, Limoges, Nantes, Nice, Marseilles, Caen, Tours, Nancy, and Rouen have each one. There are also two in Algeria. Besides these there are in several departments medical societies which publish their proceedings at monthly or longer intervals, and then the various mineral-water stations have their medical "journals" while the season lasts.

"We observe," says the British Medical Journal, "that women are employed as public vaccinators in France. Among the list of vaccinators to whom medals have been awarded for successful vaccinations in 1878, two gold and thirty-six silver medals have been gained by women."

MACMILLAN & Co. have in press for publication in the early fall a book, entitled *Food for Invalids*, written by Dr. J. Milner Fothergill and Dr. H. C. Wood.

Selections.

ON THE INTRODUCTION OF TRACHEAL TUBES BY THE MOUTH INSTEAD OF PERFORMING TRACHEOTOMY OR LARYNGOTOMY.

By WILLIAM MACEWEN, M.D., Surgeon and Lecturer upon Clinical Surgery, Glasgow Royal Infirmary.

In the last number of the NEWS we made extracts from Dr. Macewen's first part of article in the British Med. Journal. He thus concludes in the same journal of July 31st:

Is the Introduction of such Tubes Easy?—

The following is a question very often asked: Is the introduction of tubes into the trachea easy? This at all times must be a difficult question to answer for others, as the case will depend on the experience of the operator. Personally, having had considerable practice in the passage of esophageal bougies and catheters, I would be inclined to say that the introduction of tracheal tubes would be more difficult than the passage of urethral catheters into normal urethræ; but they could be passed a great deal more easily than catheters in most cases of urethral stricture. Before passing tracheal instruments in the living, it would be well to practice on the "subject," as this helps to cultivate the touch. Given a quiet patient in health, the introduction of the tracheal tube will be found almost as easy for the operator as its passage post mortem. In the two cases of edema glottidis which I have treated in this way, the introduction of the tubes was more easy than in the cases with healthy larynges. In the former, the parts were fixed, thrown further forward in the mouth, and much less sensitive, all favoring the introduction of the tubes. The first insertion is for the patient the most disagreeable, the subsequent ones being attended with comparatively few manifestations of uneasiness.

Mode of Introducing the Tubes.—The mode of introducing the tubes has already been alluded to in the remarks on the dead body. The only difference is that if any hitch occurred at the level of the cords it might be overcome by asking the patient to take in a deep inspiration, during which the instrument ought to be passed. The head ought to be thrown back during the insertion of the tubes.

Advantages over Tracheotomy.—Besides the superiority which the simple introduction of a tube into the trachea through the mouth has over a cutting operation, which in itself is not unattended with danger, the following points may be noted as advantages on the side of the former. The air, as it passes through the natural passages into the lungs, becomes warmed, moistened, and filtered. When a wound is made into the trachea through the neck and a short tube is inserted, the cold, dry, unfiltered air gets access to the lungs, and often produces fatal congestions. Every surgeon knows how difficult it is, even in hospital, to maintain for days continuously an uninterrupted supply of extraneous warmth and moisture; and how, now and again, in spite of the very best arrangements, a hitch occurs, during which cold, dry air gains access. The tubes introduced through the mouth do away with the necessity of supplying extraneous warmth and moisture. A tubular instrument, passed through the mouth into the trachea, will convey heated moist air into the lungs, and to a considerable extent will filter it of its dust and organic

particles. Even a tube, with one end in the trachea and the other projecting from the mouth, will attain, a few minutes after insertion, the same heat as the human body; and as a consequence will temper the air as it passes into the lungs. After a short time its interior will be covered with moisture, which will offer an extended surface for adhesion of organic particles, and so help to filter and at the same time moisten the air.

Cases in which these Tubes might be Used.

It will be observed that I do not particularize the kind of cases in which tracheal tubes passed through the mouth may be used, further than by stating that there are obvious reasons for preferring tracheotomy or laryngotomy when foreign bodies are in the wind-pipe; and, on the other hand, for preferring tubes through the mouth where there are effusions of blood or serum, or collections of pus, into or about the sub-mucous laryngeal tissue; or when any thing overhangs or threatens to occlude the laryngeal orifice. Again, it may be asked whether such instruments might not be of very considerable service in cutting short many spasmodic affections of the cords and upper portions of the larynx—such as spasmodic croup, laryngismus stridulus, and in some cases of incarceration of the epiglottis, etc. Tubes inserted in some such cases might not only relieve the spasm, but also help to cure the disease by destroying the habit.

Cases in which the disease, or at least the necessity for using the tubes, would be of short duration, are the most suitable for this procedure. Again, where the person is too weak, or objects to have tracheotomy performed, or where the practitioner does not care about performing it, the tubes passed through the mouth might be used, even in the latter case, to gain time to allow an operative surgeon to be called.

The tubes must necessarily be of various sizes, so as to suit the various larynges into which they may be introduced. At present, a tube of a better shape and form than that which is now in use, and one that will present other advantages, is being prepared for me.

It must be obvious that the time during which the tubes are retained must depend on the case. In some, a few hours might be sufficient to dispel the edema; in others, a much longer period is necessary.

How to Recognize that the Instrument is in the Trachea.—How would one recognize the presence of the instrument in the trachea? 1. By finding the instrument pass over the first ring or two of the trachea; 2. By finding that the air flows into the tube during inspiration and out during expiration; the opposite being the case if it be in the esophagus; 3. By the mucous expectoration being expelled from it; 4. By the negative signs that it is not in the esophagus or stomach—that is, blowing up the stomach through the tube, etc. Before introducing the tubes, an examination by the laryngoscope ought to be made to ascertain the precise state of the parts.

Deductions.—The practical deductions which may be drawn, *tentatively* at least, from these cases are as follows:

1. Tubes may be passed through the mouth into the trachea not only in chronic, but also in acute affections, such as edema glottidis.
2. They can be introduced without placing the patient under an anesthetic.
3. The respirations can be perfectly carried on through them.
4. The expectoration can be expelled through them.

5. Deglutition can be carried on during the time the tube is in the trachea.

6. Though the patient at first suffers from a painful sensation, yet this passes off, and the parts soon become tolerant of the presence of the tube.

7. The patient can sleep with the tube *in situ*.

8. The tubes, in these cases at least, were harmless.

9. The ultimate results were rapid, complete, and satisfactory.

10. Such tubes may be introduced in operations on the face and mouth, in order to prevent blood from gaining access to the trachea, and for the purpose of administering the anesthetic; and they answer this purpose admirably.

Acidity as a Cause of Sterility.—In the *Bulletin de Thérapeutique* Dr. Charrier publishes a paper which he read at the Paris Société de Médecine. It terminates with the following conclusions (Medical Times and Gazette): 1. In some rare cases in women who are otherwise quite well the utero-vaginal secretions are quite sour, as seen by their reddening litmus. 2. This acid may prove an absolute obstacle to fertility, as spermatozoa are killed in even a slightly acid medium. 3. This abnormal state is to be remedied by an alkaline treatment, by means of alkaline drinks, and baths, and tepid alkaline injections. 4. When this acid condition has been neutralized, conception may take place. (Two cases in point are detailed.) 5. This disappearance of acidity under the influence of alkaline treatment may explain the success which is obtained at alkaline and sulphuro-alkaline mineral-water establishments in the treatment of sterility. In a note in the *Bulletin* of June 30th Professor Pajot entirely confirms this statement, and says that for many years past he has been in the habit of prescribing injections of Vichy water in these cases of acid vaginal discharges. He observes that in fair women, and especially those with a red complexion, and more rarely in brunettes, the acidity of the secretions sometimes reaches such a point that, in spite of extremest cleanliness, the acid odor is perceived during the passage of the speculum. Dr. Charrier says that the best liquid for injection in these cases is that devised by Byasson (one thousand grams of water, the white of one egg, and fifty-nine grams of phosphate of soda), in which he was enabled to keep spermatozoa alive for twelve days at a temperature of 36° C.

Albugo cured by Galvanism.—The British Medical Journal's Melbourne correspondent writes: Dr. Browning, who is devoting his time principally to electro-therapeutics, has been most successful in treating a case of albugo, with leucomatous patches in both eyes, by galvanism. The patient, a little girl of about fourteen years, had been suffering for about twelve months. The *modus operandi* consisted in using a small current of four cells, the negative theophone, attached to a sponge, being applied over the closed eyelid, the positive placed behind the ear, the continuous current lasting from two to five minutes. This treatment was continued twice a week for about three months.

Birth of a large Child without Instrumental Aid.—Mr. Edward T. Thompson, L. K. Q. C. P., reports, in the British Medical Journal of July 31st, a seventeen-pound child delivered without instruments. It was dead before labor began.

Ipecac in Dysentery.—Dr. J. H. Courtenay, of Jamaica, writes in the *Lancet*: And now it will be asked, does the ipecacuanha treatment never fail? and is it an absolute specific for dysenteric disease? I am hesitatingly answer, as far as my experience enables me to do so, that in the great majority of cases it most certainly does not fail, and that its effects are often magical; but I have met a few cases where no precautions or varieties as to administering small or large doses of the drug seemed to be able to avert the absolute intolerance of it. Under these circumstances I administered a bismuth-and-soda mixture containing five drops of sedative solution of opium in each dose. I also gave a powder containing mercury with chalk and compound ipecacuanha powder every four hours, and an opiate enema at night.

Several writers on the subject say that when this intolerance is present hepatic complications are to be dreaded, but happily in the cases I have alluded to no such difficulties had to be encountered, and they quickly yielded to treatment; but I consider that when a patient suffering from dysentery is unable to take ipecacuanha, his chances of recovery are seriously lessened by such inability. My utmost expectations will be fully realized if this very imperfect outline of the treatment of tropical dysentery enables some new-comers to grapple with a disease that admits of no parleying with, and if the reopening of the subject is sufficient at least to arouse the attention of those who feel a great difficulty in yielding up preconceived ideas.

[Such is exactly our experience with this *radix anti-dysentericus*, as the Hindoo doctors call it.]

An Instance of the Mischievous Effect which may Arise From the Listerian Precautions in Abdominal Section.—Lawson Tait, F.R.C.S., in the *Medical Times and Gazette* of July 31st:

M. H., aged twenty-four, sent to me by Dr. Allen, of Dudley, was admitted to the hospital on June 21st with a large tumor occupying the right half of the abdomen and pelvis. It moved very freely, was the seat of great pain, and had been increasing rapidly. The diagnosis was that of a tumor of the right kidney, and at a consultation it was agreed to explore in the hope that it might be capable of removal.

On June 25th an exploratory incision was made, the relations of the tumor ascertained to be such that it could not be removed, and the wound was closed. The operation was a simple exploratory incision, of which I have performed a large number without the Listerian precautions, not only without ever losing one, but without ever having cause to be at all anxious about the recovery.

The only Listerian precaution used in this case was the carbolic spray. The strength of this spray I had been gradually reducing until now it is used of not more than 1.6 per cent. In this case very alarming symptoms set in within four hours of the operation, and within eighteen hours of the operation the abdomen was distended, the temperature rose to 105.1°, and the pulse to 160, so that I made up my mind she was going to die. It was not until the third day that distinct signs of improvement set in, and my patient appeared to be recovering.

The train of incidents were so precisely similar to those seen in a fatal case of ovariectomy, where death seemed due solely to thymol, that I at once instituted inquiries as to the possibility of some overdose of carbolic acid, and then it was discovered by the sister in

charge that a mistake had been made in the bottle from which the spray mixture was taken, and that a very strong spray had been used; what strength is not accurately known, but probably five per cent.

That the alarming symptoms were due to acute peritonitis due to the spray is certain from the suddenness of their onset; and the only parallel in the whole of my experience is in the thymol case alluded to. When an abdominal operation is doing badly, the distension, temperature, and pulse-rise are not apparent, as a rule, until about fifty hours after the operation; never, in my experience, have they occurred under thirty hours, save in these two instances.

I have now abandoned all the Listerian precautions but the spray, and I need not say that this incident has not made my respect for it any greater. I can not speak authoritatively about the Listerian method in any department of surgery but my own, but in abdominal surgery it is an undoubted source of danger.

Inoculation of Intermittent Fever.—Some interesting experiments are communicated by Dr. Doehmann, clinical ordinator to Prof. N. A. Vinogradof, of Kasan (Physician and Surgeon), which seem to prove that notwithstanding the general opinion to the contrary, intermittent fever may be inoculated. He made three experiments, using as material for inoculation the contents of the vesicles of herpes labialis, diluted with water or glycerin. In the first experiment a healthy man, thirty years of age, was inoculated with the virus from a twelve-year old boy who had suffered from quartan intermittent fever. This was done on the 8th of February. On the 11th of February the subject had a severe paroxysm, with temperature at 39.1° C., and on the 14th again a modified paroxysm without chill, with temperature at 38.3°. As a second experiment three healthy men were inoculated from a girl suffering from quotidian intermittent, on the second day after diluting the virus with glycerin. One of the men had complete paroxysms for five consecutive evenings, with temperature at 38.5–39°. The other had an attack of fever without chill on the same evening. The third showed no symptoms of fever. Third experiment: On the 11th of April a girl was inoculated from an adult male, suffering from intermittent fever, of which the type was not given. She had two paroxysms, on the 14th and 16th.—*Vratsh.*

Fissures of the Anus.—In fissures of the anus, instead of employing forced dilatation, which is the classic remedy, Dr. Hamon advises the following means, which has succeeded with him in fifteen cases consecutively: It consists simply in touching the fissure with a camel's-hair pencil imbibed in a mixture of five grams chloroform and ten grains alcohol. Two or three applications effectuated at two or three days' interval suffice generally. The first time the pain is very acute, but diminishes on successive applications. *Ibid.*

On Saturday last, at the Charing-cross Hospital (*Lancet*), Mr. Barwell extirpated the left kidney of a girl, aged sixteen, the removal being effected through an opening at the loin. Long-standing and severe suppuration had greatly reduced the strength of the patient. The organ was large (six ounces and three quarters), tuberculous, and suppurating. Since the operation the patient has been doing so well that hopes of her recovery are entertained.

Trepanning the Tibia.—At the Société de Chirurgie M. Deleus, one of the members, communicated a case of trepanation of the tibia he performed on a young man who for five years experienced great pain in the superior extremity of the right tibia. This portion of the bone was apparently thickened and presented all the signs of osteitis, and there was every reason to suspect the existence of one of those encysted abscesses described by Cruveilhier. All medical treatment, particularly iodide of potassium in dram doses daily, having failed, trepanation was resorted to by M. Deleus, but no pus was found. On gouging through a part whose texture appeared to be softened and friable, the operator came on a cavity, but it contained no pus. The wound was closed up, and the man, who had suffered for five years to the point of losing all sleep, declared that his leg gave him no more trouble, the pain had completely disappeared. This fact seemed to prove, said M. Deleus, that there are other indications besides those of osseous abscesses for trepanations. M. Perier remarked that already three times he had trepanned the femur of a patient attacked with recurrent osteitis. After the first time the pain which had been excruciating, ceased immediately. There was no suppuration, and the patient got well in three weeks. A few months afterward the same patient returned complaining of the same pain and desiring another operation. Her request was granted, and again the pain disappeared. Yet a third time she submitted to the operation, after which she got entirely well. In none of those operations was pus found. M. Després thought that if M. Perier had traversed the bone with a drainage-tube, to be left *in situ* for a year or two, his patient would not have had a relapse. M. Cruveilhier declared that he had practiced trepanation five times, and twice only did he find pus. In one case he perforated the bone and placed a drainage-tube. M. Duplay had performed the operation for painful osteitis a dozen times, and always obtained good results.—*Paris Correspondence Medical Press and Circular.*

Arnica in Furuncles.—Dr. Planat, in *La France Médicale*, counsels the application of arnica in the treatment of furuncles purely inflammatory. Arnica arrests, with extraordinary promptitude, these eruptions, probably on account of its action upon the vasoconstrictor nerves of the skin. The pomade Dr. Planat employs is composed of two drams of the extract of the fresh flowers of arnica and half an ounce of honey. This mixture is spread on a piece of oil-silk and laid on the boil. The dressing is renewed every twenty-four hours. Two or three applications suffice to arrest the progress of the furuncle at no matter what stage of its development.—*Ibid.*

Acetate of Lead in Bronchitis.—An Italian physician communicated a case of "diffuse chronic bronchitis with abundant muco-purulent exudation," treated with acetate of lead, to the *Moniteur de la Policlinique*. The dose was two grains. The patient, who expectorated daily a quart and a half, had the night following the administration of the drug but expectorated half a pint, and the cough, which before was very harrassing, diminished. Each day the patient progressed under this treatment, and at the end of a fortnight was completely recovered. It was not until the bronchitis had entirely disappeared that traces of the lead were detected in the urine. The conclusions derived from the above case are,

that acetate of lead given from two to three grains in the twenty-four hours acts perfectly in muco-purulent bronchial catarrh, diminishing in a rapid and effectual manner the exudation, and with it the cough, and that its presence is not declared in the urine before it has already produced its salutary effects on the respiratory organs.—*Ibid.*

Iodide-of-Potash Poisoning.—A case of acute intoxication produced by iodide of potassium was recently observed at the Hospital Tenon. The dose administered was half a dram, and to a man who had entered the hospital for a left hydrocele complicated with intense pain in the forearm and head. The symptoms observed were general malaise, fever, considerable redness and swelling of the eyelids, lips, and gums. The phenomena disappeared on the cessation of the potassium.—*Ibid.*

On a New Method of Arresting Gonorrhea. I read with great pleasure the article headed as above by Mr. Cheyne, and wish to state that I have adopted his method of passing medicated bougies up the urethra for acute and chronic gonorrhea. The bougies I used were made by Kirby & Co., 14 Newman Street, Oxford Street. The other day I thought I would use iodoform in the shape of a bougie. I therefore ordered some containing five grains in each, and have been very gratified with the result, which has quite come up to my expectation. I have been in the habit of using iodoform, both in the form of ointment and of powder, for some years, and with marked success, in the treatment of indolent varicose ulcer of the leg, soft chancres, etc.

The method I adopt in the treatment of gonorrhea is this: I first order the patient an injection containing ten minims of liquor plumbi and two grains of sulphate of zinc to an ounce of water, to be used frequently until the acute symptoms have subsided. I then pass a No. 9 bougie up the urethra as far as the ulcerated spot. I then apply a piece of lint over the orifice of the urethra, under the prepuce, and tell him not to pass his urine for some hours afterward. I order him to take as little liquid as possible and no stimulants. I generally pass one or two bougies a day. My patients generally get rid of the gonorrhea in a week. The only constitutional treatment I adopt is a brisk purgative, followed by tonics.—*J. B. James, M.R.C.S., in British Med. Journal.*

A Substitute for Quinine.—Dr. F. F. Habercorn urgently recommends the use of ethereal oil of mustard in fever, as being even superior to quinine. (The Physician and Surgeon). He has tried it in a great many cases, among others in more than fifty cases of chronic fever [intermittent?] He gives at a dose five drops of a ten-per-cent ethereal solution of oil of mustard, with two drops of an ethereal solution of thymol in a tablespoonful of water or wine; and in inveterate cases he adds three drops olei basarum juniperi; six doses a day are given. While taking the medicine the patient must hold his breath. *Vratsh.*

The specificity of the tuberculous virus is determined in a higher school, and by means more in accord with the principles of science than clinical observation; and the recognition of it clears the field for prophylaxis and opens up a new and more promising outlook for the therapy of the disease.—*Dr. Jas. T. Whittaker, in the Medical Record.*

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

ADULTERATIONS OF DRUGS.

The admirable report of Prof. Diehl on Drug Adulterations, issued by the National Board of Health,* is before the profession.

There is in this report grounds for a crusade if a preacher could be found patient, devoted, and passionate enough to rouse the people from their indifference. Here is a history of various attempts, more or less successful, extending over thirty years to prevent the wrongs named in the title. The more detailed portion of this history is derived from the reports of the American Pharmaceutical Association. The pharmacists are the first to complain, and the most persistent in presenting facts to make it clear that doctors and patients should join the hue and cry. Doctors know that their medicines are uncertain, are variable in their effects, and suspect impurity.

It is surprising how apathetic most of them are when assured that one good reason why the practice of medicine is not a science is that the material they use is not definite in strength, and therefore the experience of one case can not be depended upon as a guide to the use of drugs in another. The two samples will most likely vary to a degree sufficient to upset a calculation. The effect of the second sample, as compared with that of the first, is either less or more. In Table II in the column giving the commercial quality of two hundred and twelve drugs and chem-

icals in common use, one counts eighty-nine pronounced by authority as good, forty-eight as fair, and the remaining seventy-five are variable or generally bad. Only forty-two per cent can be called good in the average run.

The feeling of discontent or disgust which Mr. Diehl openly avows is the sentiment of respectable pharmacists every where. The necessities of a trade in which systematic fraud is practiced by some of the great dealers holds in an iron grip the pharmacist who longs to give to his people the pure article they call for. Nothing but a system of inspection, such as Germany and England have introduced, can be of much assistance. Until the millennium comes men will cheat for gain, but by increasing the risk of detection and imposing due penalty for offense the state can help.

Let all earnest men, doctors and laymen, join the pharmacists in educating the people to know their wrongs in agitating with lawmakers for a legal remedy and in prosecuting the offender vigorously, whether he be manufacturer, importer, or druggist. While Mr. Diehl's contribution is not voluminous it is comprehensive. The pungency and strength of it is the best contribution to the subject that our language has offered. A copious bibliography that has apparently been well searched gives assurance of its thoroughness. If it is well distributed by the National Board of Health it must give a decided impetus to an important branch of state medicine.

It is pleasant to find that in the second report of this supplement, on the adulteration and deterioration of food, Dr. R. C.

*Report on Deteriorations, Adulterations, and Substitutions of Drugs. By C. Lewis Diehl. Bulletin of the National Board of Health. Supplement No. 6.

Kedzie takes occasion to note that the profits of dishonesty in the great staples of diet hardly pay for the trouble. He has never found flour or meal or sugar adulterated in this country. On the other hand, out of seventeen specimens of table-syrups fifteen consisted mostly of glucose made from Indian corn. It is probably as wholesome as syrup from cane-sugar, but not so sweet. The purity and sweetness of honey are lowered by the same adulteration.

Original.

DIET FOR THE SICK.

LECTURE NOTES FOR THE MEDICAL CLASS,
UNIVERSITY OF LOUISVILLE.

BY J. W. HOLLAND, M. D.

Professor of Materia Medica and Medical Chemistry.

KINDS OF FOOD—CONTINUED.

Cracked wheat is sometimes taken with the special object of keeping the bowels open. Very thorough boiling is required to make the starch-cells soluble. Served with cream and sugar it is palatable and nutritious, though it is not so easy of digestion as to make it always advisable for ailing stomachs.

Farina. Under this title the crushed kernel of wheat has been extensively used. In addition to starch it contains albuminoid matter to a greater amount than a similar preparation from corn. The starch grains absorb water in cooking, and are readily transformed by the process of digestion. When thoroughly cooked, by long exposure to the boiling temperature of milk, it is excellent for the sick. By serving it with cream its lack of fatty matter is agreeably made up.

Corn bread, owing to the absence of a glutinous constituent in the meal, can not be made from a dough. It is on this account often made heavy and less digestible than wheat bread, which readily puffs out into a spongy loaf. When prepared according to correct culinary rules it is cheap and nutritious, though for the invalid it ranks below similar preparations from wheat. It may, however, be given for variety or when a laxative is called for.

Gruel presents corn meal to the invalid in its simplest preparation. Rich in starchy and albuminoid matter, it contains some por-

portion of all the food-principles in the liquid state, and deserves the universal favor it has received. If not boiled for a long time its starch-grains remain insoluble and its value is lowered.

Rice is remarkably rich in starch, though much poorer in fat and albuminoid matter than wheat or corn. While it may not be looked upon as a strong diet it is easy of digestion, requiring only one hour's time. Its deficiencies can be removed by cooking it with milk. It should be well boiled. A thin mucilage known as rice-water, is an excellent drink in fevers and irritable states of the bowels.

Oat meal has a higher reputation as a strength-giver than wheat flour, but unless the invalid has a taste for it, cultivated from infancy, it will not be preferred. It requires prolonged boiling to thoroughly cook or break up its starch-cells, and then yields an exceedingly firm jelly.

Barley, by prolonged boiling, makes a good demulcent drink called barley-water. The ease with which its starch is changed into sugar by the sprouting process has led to its use in the manufacture of malt.

Extract of Malt. Several extracts of malt offered to the doctor as medicines are deservedly held in high estimation. These are truly foods for the sick and fall within our scope on that account. If an infusion of malted barley be concentrated to a syrupy consistency at a low temperature, so as not to impair the fermenting power of its diastase, a malt extract is produced. In this condition it has the taste of molasses with a touch of barley flavor. It has all the food value of a syrup already digested joined to a faculty of digesting other quantities of starchy food imparted by the diastase. When from disease there is an arrest or diminution of the secretions which transform starchy food and make it fit for absorption, some such aid is called for. The dry mouth, whenever occurring, is due to feeble action of the salivary glands and plainly denotes that their work if possible, should be done artificially. Usually the malt extract is given in tablespoonful doses after meals. Dr. Roberts, of Manchester, has lately shown that to secure the object in view the dose should be sipped with the meal, so as to mix with the starchy food in the mouth and supplement there the scanty saliva. Its energy is checked in the stomach by the acid of the gastric juice. He also suggests that a plain extract, without hops, can be conveniently spread upon bread or used to sweeten puddings or

gruel, and thus an effectual commingling be secured.

Corn-starch and Arrow-root. These are finely-divided flours made of the starches of corn, potato, and arrow-root, from which all the other food-principles have been perfectly separated. If cooked without the addition of other aliment, such as milk, they are quite inadequate to sustain life. Their popularity with nurses is due to the rapidity with which they are prepared, and their property of taking up easily any agreeable flavor or wine. By using milk in making the jelly a nutritious and palatable restorative can be made in five minutes. They are digested in one hour.

The potato contains all the forms of food-principles in some proportion, though water and starch are in greatest abundance. It is of great worth to prevent scurvy, containing a very large proportion of the salts of potash, for which the succulent vegetables are especially to be commended. For many years the Irish people flourished upon a diet composed of potatoes and milk exclusively. The new potato is more solid and waxy than the old, which appears in time to ripen into a mealy state more favorable to digestion. A hot oven for baking or exposure for half an hour to water boiling to begin with are required in cooking.

Peas and beans rank high as concentrated aliments, but owing to the difficulty of digesting them and a tendency they have to constipate, they are banished from the sick-room.

Other vegetables and the edible fruits stand at a low grade among foods for invalids. They are sometimes prescribed for scurvy, but generally they are hurtful because of the large residue of woody matter they contain. The rare exceptions to this rule have no common trait to guide us in the sick-room.

Sugar in its pure form is widely used to sweeten food. It is present in wheat, corn, and other cereals, and in milk. Foods of the starch and sugar group are supposed to minister chiefly to the body-heat, and can not long be dispensed with in disease nor in health.

Butter is the pure fat, served unmixed, which is found most palatable to invalids. By subjecting the solid fats of beef and pork to a patent process a substitute has been prepared called butterine or *oleomargarine*. A report to the French Academy, based on trials made in the asylums of Paris during three years, pronounces it intolerable to the taste of some, whether given alone or used

in the cooking. It was found unfavorable to the health of delicate patients, and in accordance with these facts the asylums were advised to discontinue its use. The destiny of fatty food is force production and formation of adipose tissues.

Beef is the type of substances in which the albuminoid principle is the most important. It contains, beside this, fat, water and the mineral salts. The members of the meat class commonly used in feeding the sick are beef, mutton, chicken, and game. While the fiber of the young animal, as veal and lamb, is very tender, it is not so digestible as at maturity. Mutton is considered a lighter tax upon the stomach than beef. The fact that beef is the most nutritious kind of flesh is not enough to make it always acceptable to the weak who need it most. The taste must sometimes be gratified with something less nutritious, having for the time a superior flavor. Mutton is often preferred instinctively by those who make but little physical exertion, as women, the sedentary, and invalids. The size of sheep and swine makes their product far more convenient than beef. In thinly-settled districts it would be very wasteful to slaughter beef, it must on this account frequently be left out of the question. Pork is less nutritious than either of the others, having a larger proportion of fat. The fiber is relatively hard and less apt to be thoroughly divided by chewing. As a rule it should be forbidden. Sometimes, however, occasion may arise when a craving for it may be considered the voice of nature. The relish for food should be respected so far as to try the experiment, even if pork be the object. Children afflicted with wasting diseases sometimes turn from the simpler and more wholesome food with loathing and devour fat bacon with avidity. Very frequently a gratified craving like this is the turning point toward health.

Beef Extracts, Teas, and Soups. The albuminoid or flesh-forming principle of meats is coagulated by hot water and either remains in the meat or is skimmed off the extract. The water has taken up the mineral salts and the flavoring principle, but is devoid of the nutriment commonly supposed to be dissolved in it. It must not be forgotten, however, that there are other food-principles besides those of the flesh-forming class. Soups and beef tea are usually not only grateful to the delicate stomach but decidedly stimulating in their effect, and through their action on the heart and nerv-

ous system may do a work which a more substantial aliment would fail to do. They are sometimes well borne when even milk is refused; requiring no effort of digestion, they rapidly diffuse into the blood and therefore deserve a prominent place in the dietetics of the sick-room. If one wishes to give the missing albumen with the soup or tea there are preparations known as meat essences to be had. These essences are prepared at a temperature below the coagulating point of albumen and are further strengthened by the expressed juice. No meat extract, tea, soup, or essence is fitted to be an exclusive diet. It should be given with bread-crumbs or in a gruel, when, as in prolonged illness, the dangers of inanition arise.

Blood, notwithstanding the biblical injunction, has been used as a restorative for hundreds of years. In cities it is customary for chronic invalids to drink it at the slaughterhouses with no other preparation than that of removing the fibrin by stirring. It spoils so readily that care must be exercised to serve it promptly. The fresh blood of poultry taken with wine or coffee to flavor it has been found no less useful than the blood of cattle. Certainly it would be less revolting to a sensitive stomach to partake of this at home than to face the sights, sounds, and associations of the shambles. As a remedy for sudden prostration from hemorrhage fowl's blood is highly praised and has obvious advantages over transfusion.

Chicken differs but little from the flesh of cattle in the proportion of nutriment which it contains. There is less fat and a more delicate flavor, hence it is often regarded as unfit to be the leading article of healthy persons' diet. In truth it is quite nutritious as well as digestible, and is in every way suitable for the sick.

Eggs. The white of egg contains albumen and water with little else. The yolk contains beside these a large amount of fat, various salts, and other important constituents. Egg is sometimes mixed raw with alcoholic drinks to make a very stimulating food. The most digestible way of serving it is to boil in water just long enough to cause white flakes to form in the albumen. The hard boiled-egg is to be avoided. A very feeble stomach will digest the yellow so much better than the white that at times it may be well to discard the latter. It is a frequent ingredient of compound foods such as puddings, and whenever used enriches the dietary to a high degree.

Milk. The value to the invalid of milk

and its preparations can not easily be exaggerated. It is a complete dietary in itself presented in the most digestible condition, and may alone serve to support the life of an invalid indefinitely. It is about nine tenths water. There are other members of the first group in it—chlorides of sodium and potassium and phosphates of iron, sodium, calcium, and magnesium. It has a sugar known as *lactose*, a fat called *butter*, and an albuminoid *caseine*. The *lactose* easily changes into lactic acid by a fermentation and then *caseine* forms a *curd*. The residual liquid is called *whey*. After the separation of butter by churning there is left in the buttermilk caseine, lactose, and the salts sufficient to make it still worth using in diet. It is often drunk sour. When from any cause milk can not be obtained fresh or of unexceptionable quality "condensed milk" can be used. It is usually found in the groceries put up in tin cans hermetically sealed. By evaporation and the addition of sugar cow's milk is reduced to the consistency of a soft solid. It keeps well through all seasons, and by mixing it with a suitable amount of water a very good substitute for fresh milk can be had at a moment's notice. It is plain that none but good, sweet milk to begin with and the nicest attention to cleanliness could give a product that keeps sound as this does for an indefinite time. It is preserved by the addition of two ounces of sugar to the pint, and is therefore sweeter than the original. Defects of constitution as a diet may be supplemented by diluting the condensed milk with barley-water.

The oyster has a flavor agreeable to invalids. Its value as nutriment is probably exaggerated. The effect of cooking is to diminish its digestibility. In this respect the oyster stands alone among the articles that furnish albuminoid matter. It is explained in this manner: The dark and rounded part which is about half its substance is the liver. The sweet principle of the liver or glycogen is readily digested by another constituent, the diastase, when the two are mixed by mastication. Eaten raw, and in most cases with no other condiment than salt, it gives to the palate a pleasant thrill and taxes the stomach to a very slight degree. A very delicate person may set aside the hard, muscular disk without much loss of nutriment and with a gain in digestibility.

Tea and coffee are usually served with cream and sugar and then have the food-value of these additions. Notwithstanding the fact that when taken alone their nutri-

tious quality is about nil, they fill a place in dietetics not to be despised. Like beef tea they stimulate the heart and the nervous system. Tea is much preferred by the sick even if when well coffee is his beverage.

[TO BE CONTINUED.]

Correspondence.

PROF. VAN BUREN ON BIGELOW'S METHOD.

To the Editors of the Louisville Medical News:

Thanks for your kind note. Would have responded sooner but for an attempt to gain a little vacation, which, while Dr. Keyes is in Europe, I find no easy matter. Midsummer brings to the metropolis a certain proportion of surgical visitors, among whom the cases of stone in the bladder just now interest me most in consequence of the accumulating evidence in favor of the new operation. Within a week I have subjected three cases, aged respectively sixty-seven, sixty-five, and sixty-three, to rapid evacuation by lithotrity—the litholapaxy of Bigelow—removing the stone entirely at one sitting under ether, with excellent results. In all of these cases the stone or stones consisted of hard urates and uric acid with no phosphatic addition; the time employed was twenty, forty, and fifty-five minutes, and the corresponding weights ninety, one hundred and thirty, and two hundred and twenty-five grains; in all three the prostate was enlarged; in one of them very much so, rendering it necessary to pick up the fragments with the jaws of the lithotrite reversed, from a deep pouch behind the enlarged gland; but this case did better in some respects than the others.

Since I recognized the great fact of the extreme tolerance of the bladder, first fully demonstrated by Bigelow in 1878, I have done no other operation for stone *in the adult*, and the cases in which I have been more or less directly concerned, now numbering more than thirty, show but one death.

When we call to mind the conclusions arrived at when Sir Henry Thompson's analysis of five hundred cases of stone was presented and discussed at the Medico-Chirurgical Society of London, the results of which were accepted as the best attained up to that time by lithotrity, and which justified Sir James Paget in deciding that he should still regard lithotomy as the rule in operating for stone and reserve lithotrity for exceptional

cases, we can hardly fail to recognize that this conclusion is in the way of being overturned by the American innovation of evacuation by lithotrity and the washing-bottle at one operation, applied to all cases. I received recently a copy of the last edition of his well-known work on lithotomy and lithotrity from Sir Henry Thompson, and after studying his latest expression of opinion concerning this new method of operating, I confess to a feeling of regret and disappointment that this eminent writer has not more fully and frankly acknowledged that our countryman Bigelow was the first to prove by demonstration the heretofore unsuspected tolerance of the bladder under lithotrity, and to propose this discovery as the basis of a new method. I have practiced and taught the old operation of lithotrity for many years, following the methods and teachings of Civiate and Thompson but I am free to confess that until Dr. Bigelow made public his results in 1878 I had never been led to suspect from the teachings of these eminent authorities that the bladder could be relied upon to tolerate the continued use of crushing instruments for an hour or longer without serious consequences. Before Bigelow the practice had been uniformly enforced of short sittings, through fear of harm from the prolonged contact of instruments. I have in more than one instance been compelled to resort to lithotomy after a first short seance of lithotrity, in order to get rid of a mass of sharp-edged fragments which had got up an acute cystitis. I shall never again be exposed to this dangerous necessity, for I am satisfied, by my own experience of the new method that in any case justifying a resort to lithotrity, the operation should be continued until all fragments have been removed. In other words, the danger in the crushing operation arises, not from the prolonged and careful use of instruments in the bladder, but from leaving fragments capable of keeping up irritation within its cavity. If the bladder is left free from fragments there is little subsequent danger.

Of course a prolonged seance of lithotrity and washing would be hardly possible without anesthesia. If possible it would be attended pretty certainly by greater difficulty and danger. I have repeatedly been struck with the facility with which full-sized evacuating tubes entered the bladder during anesthesia, in cases of stone with enlarged prostate, in which the previous use of the more delicate searcher, without ether, had

given evidence of a long, narrow, and tortuous passage. Sir James Paget assumed, on the occasion already mentioned, that the operation of lithotripsy in the skillful hands of Sir Henry Thompson had reached its greatest perfection as to detail, and its highest probable percentage of success, and that further improvements were not to be looked for, and this assumption was received with acquiescence. It is becoming every day more evident that since this assertion a novel feature which promises to do away with most previous teachings and to greatly enhance its successful daily use has been added to lithotripsy. This novel feature is the hitherto unsuspected tolerance of the bladder under prolonged instrumentation and its successful demonstration. The credit of this demonstration belongs to Bigelow. It was almost grasped by that excellent surgeon Moore, of Rochester, N. Y. (Trans. Amer. Med. Assoc. 1872), who only lacked opportunity to mature his "new method." The great utility of anesthesia in diminishing its pain and danger renders the prolonged operation practicable for daily use. It is therefore doubly an American improvement in the treatment of stone in the bladder. I have been looking for some evidence from the enterprising surgeons in your stone region concerning the new operation.

Yours very sincerely,

WM. H. VAN BUREN.

Reviews.

Health and Healthy Homes: A Guide to Domestic Hygiene. By GEORGE WILSON, M. A., M. D., Medical Officer of Health for Mid-Warwickshire Sanitary District, and author of *Handbook of Hygiene and Sanitary Science*. Fourth edition. With notes and additions, by J. G. RICHARDSON, M. D., Professor of Hygiene in the University of Pennsylvania, Membre Associé étranger de la Société Française de Hygiène. Philadelphia: Presley Blakiston, 1012 Walnut Street.

This work can not fail to interest any intelligent reader. It contains much that is valuable, and gives in perspicuous and attractive language the accepted doctrines of the sanitarians of the day. Food, drink, clothing, heat, cold, ventilation, exercise, cleanliness, the various organs and functions—in a word, all matters pertaining to health—are ably discussed.

The following excerpts from various parts of the book will convey some idea of its contents:

Out of every thousand children born in England, one hundred and forty-nine succumb on the average before the first year of life is reached, and before the age of five years as many as two hundred and sixty-three.

In Liverpool, which represents the most unfavorable sanitary conditions, the number is four hundred and sixty, or two hundred and eighty-five in excess of the deaths in healthy districts.

Returning now to the seven hundred and thirty-seven survivors, who on the average reach the sixth year, we find that most of them have been attacked by one disease or another, and diseases of a kind which fortunately seldom recur in the same individual. So the total deaths in the following five years are comparatively few, and only amount to thirty-five, about a fourth of which are due to scarlet fever, which still attacks some who had previously escaped. From ten to fifteen years of age the deaths are fewer than at any other period, and only number eighteen. But after the age of puberty has been passed the mortality begins to increase, especially among women, and consumption claims a considerable share of the death-roll; indeed, between the ages of twenty and twenty-five nearly one half the number who die succumb to this fatal disorder, and fever is associated with it as the great preventable disease. Melancholy suicide begins to contribute its victims, the worries and anxieties of life induce fatal brain-affections, deaths by accident among males become more numerous, insanity in both sexes looms on the horizon, and childbirth among women has its fatalities.

At twenty-five years of age we find the number of travelers on life's journey reduced from one thousand to six hundred and thirty-four, and sixty-two drop off before the age of thirty-five is reached.

Out of the thousand born only four hundred and thirty-four, or less than one half, reach the age of twenty-five, and only three hundred and sixty are alive at thirty-five; whereas in healthier districts as many as seven hundred and twenty-seven live to the age of twenty-five, and six hundred and sixty-seven survive ten years longer.

Between the ages of thirty-five and forty-five the five hundred and seventy-two survivors at the former age are reduced by sixty-two; and now we come to the middle arch of life, when the ranks are thinned of one half their number. A few months after the age of forty-five is reached the one thousand lives are reduced to five hundred, and when fifty-five is reached the numbers are still further reduced to four hundred and twenty-one.

From the age of fifty-five and onward the numbers thin with increasing rapidity. Out of the four hundred and twenty-one who enter this stage of life, only three hundred and nine reach the age of sixty-five, and one hundred and sixty-one the age of seventy-five. . . . Only thirty-eight out of the thousand reach the age of eighty-five. At the age of ninety-five but two survive out of the thousand, while only one out of every four thousand born reaches the age of one hundred.

Our Natural Life.—Dr. Farr, who is perhaps better able than any other authority to give an opinion upon this point, has estimated the natural lifetime of man to be a hundred years. . . . Old age may be said to commence about sixty, with some a little earlier, with others a little later.

The results of sanitation as quoted from Mr. Chadwick are thus stated:

1. We have gained the power of reducing the sickness and death-rate in most old cities by at least one third, or to sixteen or seventeen per thousand of the population.

2. In new localities with healthy dwellings, properly-constructed drainage, and a pure water-supply, we may reasonably look forward to insuring a death-rate of only ten per thousand, or less than one half of the present average death-rate.

3. In well-provided and well-regulated institutions for children, and in prisons and other places under effective sanitary control, the death-rate is not only enormously reduced when compared with that of the general population of the same ages, but a practical immunity can be secured against zymotic diseases.

4. Among the general population a reduction by full one half of diseases of the lungs may be effected by general public sanitation.

The death-rate in London has been lowered from eighty per thousand in the seventeenth century to fifty per thousand in the past century, and to twenty-four per thousand at the present day.

Alcohol.—I am frankly of opinion that the moderate use of alcoholic stimulants has not been proved to be detrimental to the health of persons who may be said to partake of them daily, but who are careful never to exceed. To many people, and especially to the slightly dyspeptic, they frequently prove valuable aids to digestion; to the thoroughly temperate they make the wheels of life run more smoothly, without in any way injuring its machinery; while to the aged they often prove a boon by imparting warmth as a respiratory food, and by inducing refreshing sleep, which would otherwise forsake the pillow. If, again, we look at the broader aspects of the question, we find that civilization itself exhibits a strange unison with the consumption of alcohol. Compare, for example, the average physique and mental culture of beer-drinking Germany and whisky-drinking Scotland with those of moderate Spain and abstemious Turkey; and, making every allowance for racial differences and differences of climate, we can, at all events, discover no reliable ground for the doctrine, so persistently advocated by many, that alcohol is in itself a poison, or that its use need necessarily prove the curse of this or any other country.

The American editor, Dr. Richardson, very truly adds:

This defense of moderate drinking, "in the strict sense of the word," is, I am happy to say, better suited to the social atmosphere of England than to that of the more enlightened portions of America. An observant traveler soon learns to think that the English rear so many drunkards *because* they are a nation of moderate drinkers. I consider that no man who has formed the habit of drinking is competent to decide for himself when or how much spirits is good for him; and my advice to every one is never to taste alcohol except on the written prescription of a reputable physician.

At the same time I am free to admit that the great majority of healthy men and women can get on very well without alcohol, and that the quantity which can be partaken of habitually, without risk of endangering the health, is for most people comparatively small. . . . As regards physical endurance, it has been proved over and over again, in fatiguing campaigns and long, weary marches, that the soldier who abstains can face danger with as stout a heart and

march with as firm a step as the soldier who takes the spirit ration. All this goes to prove that alcohol is not absolutely necessary to health; and, indeed, when an appeal is made to the statistics of life-assurance societies, the argument appears to be very much against even what is called moderate drinking.

Stimulants should never be given to children, and young people would be much better if they were to avoid them altogether. People who suffer from rheumatism should not drink beer, and those who have a gouty tendency should also avoid beer, rich wines (port or Madeira), and champagne. Finally, it may be laid down as a rule that, if health is to be enjoyed to the full, stimulants, if used at all, should be used sparingly and with the greatest caution.

Deaths from Alcohol.—The late Mr. Wakely, coroner for Middlesex, and his successor, the late Dr. Lankaster, both agreed that one tenth of the entire mortality among us resulted from alcoholic excess.

Tobacco.—Used in moderation and at proper times, tobacco produces a certain soothing influence without exercising any tangible injurious effect. . . . Tobacco-smoking, when contracted as a habit, has a most deleterious action on boys and lads who have not stopped growing. It arrests their growth, and not only so, but it produces an enervated state of the system, which tends greatly to impair muscular and mental activity.

Ripe Fruits.—Ripe fruits—such as apples, pears, oranges, strawberries, etc.—though not of much nutritive value, are prized on account of their agreeable flavors.

This is a very great error. Birds, pigs, and people fatten wonderfully on ripe fruits. Except sugar-cane juice, no vegetable substance is equally fattening.

Milk.—The foremost place among animal foods must be given to milk, inasmuch as it is a complete food, containing all the constituents necessary for nutrition and growth.

After the child is weaned, and up to the eighteenth or twentieth month, when the eye-teeth are cut, milk should still continue to form a considerable portion of the diet; and indeed during childhood it may be laid down as a rule that *it can not wholly be dispensed with without detriment to health*. Dr. Ferguson, a factory-surgeon, who has devoted a large share of attention to this subject, has ascertained, from careful measurements of numerous factory-children, that between thirteen and fourteen years they grow nearly four times as fast upon milk for breakfast and supper as on tea and coffee—a fact which proves incontestably that milk is essential to the healthy nutrition of the young.

A Harvest Beverage.—An excellent drink for laborers, especially when employed at very active work, may be made from oat meal and water, with a little salt to flavor. It is nourishing as well as refreshing, and is infinitely to be preferred to beer to allay thirst.

Stinting Children.—Above all, there should be no stinting; because, with very rare exceptions indeed, the natural instinct of a healthy child is a safeguard against gluttony.

Small Stature of Convicts and Lunatics.—The average height of three hundred and sixteen convicts received into the hard-labor prison at Portsmouth during the year 1871 was only five feet five

inches; and Dr. Beddoe's statistics of the lunatics in London, Birmingham, and Nottingham yield an average somewhat below this.

The Middle-age Britons.—Those who are acquainted with the social history of England, and the home-habits of the people during the dark or Middle Ages, and even up to more recent times, will have no difficulty in accounting for the terrible epidemics which frequently devastated the country, and the excessive mortality from all causes, which prevented any material increase of the population for centuries. The cities and towns were for the most part walled-in fortresses, and were therefore highly favorable to overcrowding and stagnant air. Cleanliness of person and home were alike utterly neglected, so that filth accumulated every where. With the exception of the castle, which was built more for defense than comfort, the homes of the people consisted almost entirely of hovels, with mud walls and thatched roofs; while the floors, which were generally made of loam, were covered with layers of rushes, and these, being seldom removed, harbored all sorts of abominations. The streets were dark, narrow, and tortuous, unpaved, and without sewers or drains. The rural population, upon the other hand, were scattered in slight hovels over dreary wastes and undrained marshes, so that rheumatism, ague, and other diseases were constantly rife among them. Among all classes the clothing worn was immoderately thick and warm, and was seldom changed night or day. Add to all this that gluttony and intemperance were prominent characteristics of the sturdy fighting Briton of medieval times, and it will be readily conceded that the habits and habitations of our forefathers were alike inimical to health, and could not fail to foster epidemic diseases and preventable disorders of every description.

The Modern Prison.—It sounds like a grim satire on the boasted civilization of the present day, but it is no less true, that the modern prison is in all sanitary essentials the best existing type of what a healthy dwelling ought to be, and even on that model there is considerable room for improvement.

Light in Rooms.—Many people have an objection to direct sunlight in rooms, because of its fading effect on the colors of carpets and curtains, but that may be guarded against by proper selection of blinds, and in any case the gain to health should overrule any possible damage to the furniture.

Water-closets and Bath-rooms.—The best of all positions for water-closets is to erect them in an isolated block, built tower-fashion, and abutting against an outer back wall of the house, with a closet upon each floor if deemed necessary, and the supply-cistern on the top. There should be a small ante-room or passage between each closet and the house, but large enough to admit of sufficient cross-ventilation by means of open windows, windows with ventilating panes, or special ventilators. A double set of doors would be required; one leading into the house, which might be a swing door, and the other cutting off the passage from the closet. The closet itself should be well lighted by a window having double sashes and extending up to the ceiling; and in order to insure that it shall always be well ventilated, it is a very good plan to keep the top half of the window permanently nailed open for some distance. This is especially necessary when the closet is not cut off from the rest of the house as here recommended, because

any foul effluvia are much more likely to be drawn into the house on account of the inequality of the inside and outside temperature, and particularly during cold weather. Additional ventilation may be secured by inserting perforated air-bricks in the outer walls and close to the ceiling. In smaller-sized houses the closet may be simply projected from the building, with the seat facing the door, and with two opposite windows reaching to the ceiling, and situated between the seat and the door, both of which ought also to be kept fastened down for some distance.

Bath-rooms and lavatories can be placed where most convenient, but it is desirable that they should not be in too close proximity to water-closets, and that they should be situated on the bedroom floors. The waste-pipes from them should never be made to discharge directly into the soil-pipe or drain, but should always be carried outside and disconnected.

The Plague in London in 1348.—In London alone one hundred thousand persons fell victims to the disease, while throughout Europe it has been estimated that twenty-five millions, or a fourth part of the entire population, were swept away.

Smallpox.—According to Dr. Guy, the deaths from smallpox which occurred in London during the ten years ending 1799 amounted to 22,863 per million of inhabitants; during the ten years ending 1819 the number was reduced to 8,045 per million; and during the ten years ending 1849 the number was still further reduced to 4,798. It therefore appears that, in round numbers, the death-rate has been lowered from nearly twenty-three thousand per million inhabitants to a little over eight thousand in twenty years, and to less than five thousand in thirty years more.

Books and Pamphlets.

REPORT OF ONE OF THE DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION TO THE FOREIGN MEDICAL ORGANIZATIONS (1879-80). Progress of Metric Uniformity at Atlanta, Cork, Montpelier, Amsterdam; Numerical Method of Observation; Instruments of Positive Observation; The Law of the Incontrovertibility of the Forces extended from Physics to Physiology; Metric Uniformity; Metric Records; Medical Mathematism.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS AT ITS FIFTH ANNUAL SESSION. Little Rock: James Mitchell, State Printer. 1880.

This publication evidences a commendable spirit of scientific enterprise. The great state of Arkansas has reason to be proud of her State Medical Society.

NANA. By Emile Zola. Translated by John Stirling. Philadelphia: T. B. Peterson & Bros. Price, seventy-five cents.

The biography of a dashing Parisian prostitute, related in minute details with brutal frankness. It is only calculated to tickle the filthy fancy of the inhabitants of brothels and to delight the prurient imagination of depraved boys.

A FEW CLINICAL FACTS OBSERVED IN THE USE OF DEXTRO-QUININE. The Annual Supplement to the Monthly Review of Medicine and Pharmacy. Keasbey & Mattison, publishers, Nos. 328, 330, and 332 North Front Street, Philadelphia.

LUNACY REFORM. IV: THE RIGHT OF THE INSANE TO LIBERTY. By E. C. Seguin, M.D., one of the Consulting Physicians to the Hudson River State Hospital for the Insane, etc. Reprint from Archives of Medicine, August, 1880.

Dr. Seguin is an authority in matters pertaining to the insane. The following quotation shows the spirit of the essay. It is an exceedingly interesting and important paper:

It is fair to say that in the present state of psychiatry in America, to be pronounced insane by physicians, by a judge, or by a jury means imprisonment for months, for years, or for life. To put it in another way, there is a disease which reduces its victims to a level with persons accused of crime, and exposes them to loss of liberty, property, and happiness.

Is this just? Is this worthy of a country like ours, which aims to be foremost in works of philanthropy and preëminent as regards individual liberty?

ARTIFICIAL INFLATION AS A REMEDIAL AGENT IN DISEASES OF THE LUNGS. By W. Y. Gadbury, M.D., Yazoo City, Miss. Read by Dr. J. Solis Cohen, M.D., before the American Medical Association, in New York, June, 1880.

Dr. Gadbury's instrument is thus described by him:

One was improvised by removing the spray-tubes from a Richardson hand-ball and bulb atomizer, and inserting in place of the spray-tubes a mouth-tube. After repeated trials upon myself I became satisfied that fresh air could be forced into the lungs in the following manner: Insert the mouth-tube into the mouth with the left hand; take a deep inspiration, and with the fingers of the same hand close the lips and nostrils, and work the hand-ball rapidly with the right hand so long as the patient can bear it. In a healthy subject the operation is painless, and may be prolonged for a minute or more; but to a person with diseased lungs it is at first disagreeable, although not painful, and the patient complains that he can not force in much air. However, practice soon enables him to pump the air freely into the lungs and for a longer period each day.

After frequent use it affords great comfort to those who suffer from a feeling of suffocation, and have diminished capacity of these organs.

The doctor explains the action and uses of his instrument as follows:

Inflation forces fresh air into the lungs, expanding unused capillary-tubes and air-cells; displaces the residual air and noxious gases; excites cough and expectoration, which removes morbid secretions at once, thereby lessening the danger of infection from unhealthy accumulation, and obviates the necessity for expectorant medicines, which often disturb the digestive organs; oxygenates the blood; promotes absorption; relieves dyspnea; gives impetus to pulmonary circulation; reduces temperature in fever; dries the fluids in the air-passages.

Beneficial effects may be derived from it in croup,

diphtheria, bronchitis, asthma, tuberculosis, whooping-cough, asphyxia, chloroform-poisoning, shock, foreign bodies in the air-passages, and many other obstructive lesions in the pulmonary organs.

The cases recounted by Dr. Gadbury and Dr. Holmes in this pamphlet bear indubitable evidence of the enthusiasm of the writers, but not, we think, of the efficiency of the treatment.

Dr. Cohen, of Philadelphia, thus descants of its merits:

There is one use of the Gadbury method, however, to which I desire to call the attention of the profession prominently, and that is its employment as a mechanical expectorant. Time and again I have placed the little compressor in the hands of a patient with bronchioles and air-cells clogged with mucus and pus, to see its use immediately followed by copious expectoration, to the great comfort of the patient. The process is repeated until it ceases to be followed by expectoration, and there is absolute or relative relief from the desire to cough, until reaccumulation indicates a renewal of the procedure at intervals of a couple of hours or longer, according to circumstances. I have frequently availed myself of this method of clearing the air-passages previous to careful physical examinations, when abundance of moist râles were present, and have been better able to estimate the actual conditions of the respiratory organs on auscultation afterward. Hence in chronic bronchitis, of whatever origin, compressed air can be employed with advantage in this way, to discharge the mucous accumulations from the air-passages, and spare them much of the topical irritation to which they are otherwise subjected. In a few instances I have seen chronic bronchitis relieved by the use of this method, without any medication whatever, and far more rapidly and effectually than follows the administration of medicinal expectorants, which are too often coupled with the disadvantage of interference with the processes of nutrition by their nauseant influence upon the alimentary tract.

The physical action of this mechanical expectorant is simple. The hyperdistention of the air-cells permits the access of air under pressure to points beside and beyond the masses of mucus clinging to the walls of the bronchioles and alveoli, and excites effective cough, which removes the partially-detached masses. Several of my consumptive patients clear their passages out at bedtime in the manner indicated, and secure a good night's rest, free from disturbance by cough, without the administration of opiates. When they rise to dress they clear the parts of the accumulation over night in like manner, and attack their breakfast with relish. Some individuals have little or no occasion to expectorate during the intervals, and can pursue their vocations relieved of the frequent and recurring plague of an annoying and harassing cough. The therapeutic advantage of an agent capable of doing this much is incontestable; and it is for the purpose of drawing attention to this simple and inexpensive contrivance, and of having its merits tested on an extended scale, that this article has been written.

If it have any merit, it probably dwells in its mechanical expectorant property plus its effect upon the proverbially hopeful imagination of the consumptive patient.

Obituary.

DR. FRANK H. DAVIS.—On the 17th inst., at his residence in Chicago, Dr. Frank H. Davis, the worthy son of Prof. N. S. Davis, the founder of the American Medical Association, died in his thirty-third year.

Frank H. Davis was widely and favorably known to the profession as a writer, teacher, and practitioner in his specialty, diseases of the chest. His personal acquaintance was extensive, and by all who knew him he was beloved for his amiability and purity of character, while he was honored and admired for his ardent and conscientious devotion to the advancement of medicine and the amelioration of suffering. In the field of medicine he was a successful laborer; in the home-circle he was an idol. His revered and beloved father, his noble wife, and all his bereaved relatives have our warmest and tenderest sympathy.

Miscellany.

WHAT PEOPLE USED TO THINK ABOUT.—Dr. Beard, in his pamphlet, "A Reply to Criticisms on the Problems of Insanity," remarks, "Half a century since the population of this country was concentrating almost its entire cerebral force on trying to answer these two questions, 'Who shall be the next president?' and 'Where shall we go when we die?' Those questions are asked now with eagerness and anxiety, but with incomparably less eagerness and anxiety, and far less universally and with less exclusiveness of attention than they were asked by our fathers." [This growing indifference to temporal politics and post-mortem peregrinations is exceedingly reprehensible.]

POST-MORTEM EXAMINATIONS.—We supposed the silly old prejudice against "post-mortem examinations" had died out. The example set by the educated classes has not, it seems, yet wholly dispelled the dense ignorance of the lower orders. A few days ago, at Gloucester, an action was brought by a laboring man against the house-surgeon of the county infirmary to recover the sum of £2 for injuries inflicted on his "feelings" by an examination of the body of his wife, who had died of an obscure malady. It is time this very foolish prejudice became extinct. The ministers of religion (Lancet),

who sometimes act with strange folly in the matter, should make it their business to explain the necessity for a verification of the medical opinion formed during life. Pathological research is the only mode of investigation in the interests of the living. The position assumed by the clergy, by boards of guardians, and by magistrates in respect to this matter is not satisfactory. They do not appear to recognize the difference between an inquiry with pathological purposes and a mere anatomical study. Surely persons of average intelligence can not be so obtuse as to confound things which not only differ, but in practice conflict.

A GOOD SORT OF MEASLES.—In a recent report the Medical Officer of Health for the Hyde District (British Medical Journal) adverts to a tradition, that is unfortunately too common among the poorer classes in the North, that it is essential that children should go through measles before adolescence. He says that on inspecting a house in which a case of measles had occurred, and finding the sanitary arrangements satisfactory, he learned that the case was due to an old woman, who, having heard of what she called "a good sort of measles" in the neighborhood, took a child there in order that it might take the infection. Her expectations were so far realized that the child caught the disease, which, however, nearly proved fatal to it. No doubt measles is largely spread in this way, and the question of its effectual prevention is perhaps more an educational than a sanitary one.

CRUSTACEAN PERCEPTION OF LIGHT.—The beautiful experiments of Dewar, in which he ascertained the action of light of different colors upon the retina of various vertebrate animals, by investigating the force of the electrical current which was generated in the retina and optic nerve by the impinging rays, have been repeated on the arthropoda by M. J. Chatin (Lancet). The observations were made chiefly upon beetles and crayfish. The gasteropoda were found inconvenient for the investigation. The maximum deviation of the electro-motor needle was constantly found to be produced by the yellow rays, the next with the green, and the minimum was usually obtained with red light. Hence Dewar's law is as true for the arthropoda as for the vertebrata, that "the maximum effect is produced by those parts of the spectrum which appear to us to be the most luminous—the yellow and the green."

THE DEATH OF MR. TOM TAYLOR.—The medical profession will think regretfully of the death of Mr. Tom Taylor (*Lancet*). He was a man of culture, and outside his work as a dramatist had a claim upon the respect of the community. As one of the principal contributors, and in late years the editor, of our facetious contemporary *Punch*, Mr. Tom Taylor was always appreciative of the efforts of the medical profession to relieve suffering and promote the public good. In his writings for the stage and for the leading satirist of the day and age, he showed himself ready and anxious to help, instead of sneering at, the cause of public-health promotion and the endeavors made in good faith, if not always successfully, by the *Lancet* to inaugurate and advance useful sanitary and hygienic reforms. It is only fitting that we should record the regret we feel at having lost so excellent a friend, and in so doing we express the personal respect and regard which a large circle of friends in the medical profession entertain for the deceased gentleman.

Selections.

On a New Method of Arresting Gonorrhea. Dr. Watson Cheyne, in the *British Med. Journal* of July 24, 1880, has an article on this subject. His treatment is based on the hypothesis that gonorrhea is due to micrococci. He says:

I have tried the two antiseptics separately and also combined, and I find that they are most effectual when used in combination (possibly because iodoform is soluble to a considerable extent in oil of eucalyptus, and is thus brought into more perfect contact with the mucous membrane). The formula which seems best is five grains of iodoform and ten minims of oil of eucalyptus in a bougie of forty grains. These bougies have been made for me by Mr. Martindale.

The specific cause of the disease being eradicated by this means, the question of further treatment arises. It seems to me that although the development of the gonorrhea is arrested, yet if the discharge be allowed to become septic and irritating urethritis might be kept up for some time. I therefore order an injection of boracic lotion (saturated aqueous solution of boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. At the same time the great tendency of the urethral mucous membrane when once inflamed to remain in a state of inflammation must be kept in mind, and every thing which might tend to keep up the inflamed state must be removed. Notably the patient must be cautioned against drinking, and it is well to order diluents and alkalies.

The method may be summed up as follows: The

patient is first told to empty his bladder, partly to clear out his urethra and partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie from four to six inches long is introduced, and the orifice of the urethra closed by strapping. The bougie ought to be dipped in eucalyptus oil, or in carbolic oil (1 to 20) before insertion. The patient is instructed to refrain from passing water if possible for the next four or five hours. If the case be severe and advanced he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. On that evening, or on the following day, he commences the antiseptic injection, which he uses four or five times daily. On the third or fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to the ounce, is begun. At the same time the other points mentioned are attended to.

I have now used this method in about forty cases, and in all the result has been the arrest of the progress of the gonorrhea. For a day or two the purulent discharge continues; but afterward it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours. In fact the case becomes no longer one of virulent gonorrhea, but one of simple urethritis, rapidly progressing toward recovery if properly treated.

I have used this treatment only in the early stages of the disease, from the first to the seventh day after the commencement of the symptoms; but it has answered equally well in all.

Incomplete Ovariectomies.—Dr. Cazin reports a case (*L'Union Médicale*) in which he was obliged to leave a very large unilocular cyst within the abdominal cavity. The wound was kept wide open with care, a carbolic-acid wash used, and a dressing of antiseptic gauze employed. On the twenty-eighth day the elimination of the superficial sloughs was completed with very little suppuration. Dr. Cazin then, without refreshing the edges of the abdominal wound, tried to obtain immediate secondary union. The intestine by its distension held the posterior face of the cyst-wall against the anterior face, which was firmly adherent to the wall of the abdomen. The union of the two was rapid and complete, and the whole wound had healed on the fiftieth day after the operation. Dr. Cazin insists on the fatality observed in cases of this kind, and attributes his success to the caustic action of the carbolic acid retarding suppuration, to the small amount of suppuration in this case, to the care he observed in keeping the abdominal wound wide open instead of closing it, as his predecessors have done, who content themselves with placing a drainage-tube in the lower angle of the wound, and finally to his employment of immediate secondary union, which was remarkable for ease of execution, rapidity of result, and complete harmlessness.—*St. Louis Courier of Medicine*.

Local Anesthesia by Bromide of Ethyl.—M. Périer, of Paris, states (*La France Médicale*) that he has employed the bromide of ethyl several times as a local anesthetic, with considerable success. It has the advantage over ether of not being inflammable, and hence can be employed when the actual cautery is to be used.

A New Method of Treating Large Ulcers of the Leg.—Mr. Albert Leahy, of Strasbourg University, July 1st, writes to the Medical Times and Gazette:

The following account of a new method of treating ulcers of the extremities may be of some interest to your readers. It has been introduced and successfully practiced in twenty-two cases by Dr. Fischer, first assistant to Prof. Lücke at the "Burger Spital."

F. J., aged forty, a brewer by occupation, has suffered from a varicose ulcer on his left leg for the last five years. Within the last six months the ulcer has rapidly increased in size and now completely surrounds the limb. It gives him great pain and entirely prevents his following his occupation. When admitted into the hospital in June a large and indolent ulcer was seen, about three inches broad, with an irregular surface, presenting numerous large and callous granulations, and possessing a very hard and raised margin. It was situated at the junction of the middle and lower thirds and completely encircled the limb. The surrounding skin was much infiltrated and the seat of eczema rubrum. The internal saphena vein was in a varicose condition throughout its entire course, presenting two dilatations about the size of walnuts just above the knee. There was no history of syphilis. The operation performed by Dr. Fischer for the cure of this ulcer was as follows:

1. Esmarch's elastic bandage was carefully applied to the patient's limb, commencing at the foot and terminating at about the middle of the thigh; the circulation was restrained by the elastic cord and the bandage removed, when the granulations were found to be quite pale and bloodless.

2. To a limb which had been removed half an hour previously, by exarticulation at the hip-joint, for compound comminuted fracture of the femur, Esmarch's elastic bandage was applied, and the leg as high as the knee completely exsanguined; the elastic cord was then tied on and the bandage removed. The limb was then washed in soap and water and afterward sponged in a solution of carbolic acid in water (one in twenty) and then dried. From the lower part of the leg several pieces of cutis and epidermis were removed, care being taken not to go entirely through the skin, and each piece being about two inches long and one inch broad. With a pair of scissors two or three small snips were made in them to admit of drainage, after which they were placed with the cut surface downward upon the granulations, and a sufficient number used to completely cover the ulcer. They were then covered over with pieces of oiled silk, having small holes in them to allow for the escape of the discharges, and were secured in their places by strips of adhesive plaster. The elastic tourniquet was then removed and the limb placed on a McIntyre's splint and covered with cotton wool.

June 25th: Two days after, the ulcer was dressed. The several pieces of skin were found to have contracted adhesions with the underlying granulations, and upon raising the edge of one of them vessels were seen entering its under surface from the granulations. There was but little discharge, and the patient had not suffered any inconvenience since the operation. The appearance presented by those portions of skin which had contracted adhesions and received vessels was that of a pale bluish, semi-transparent, gelatinous kind; while those which were not fixed were opaque, and of a dead white color.

27th: It was dressed again today, and the whole of the skin was found to have united with the granulations, except three small pieces at the lower margin which had sloughed. There was not much discharge, and the few granulations which were exposed by the sloughing were in a healthy condition, and being covered by cuticle from the edge of the ulcer.

July 1st: The ulcer is almost healed, its entire surface being covered by skin and epidermis. The patient is still to keep his bed for a few days.

Remarks. The advantages claimed for this method of treating ulcers are as follows: (a) By its means those ulcers which completely surround a limb may be induced to heal rapidly, which is generally unattainable by Reverdin's method. (b) There being true skin in considerable quantity in the cicatrix, it is less liable to break down than when only small grafts are used. (c) It is especially applicable to those ulcers which from adhesion to the underlying parts can not contract. The theory which Dr. Fischer advances in support of the use of the elastic bandage to the patient's limbs is, that first, the granulations are rendered anemic by the pressure; but that as soon as the tourniquet is removed, fluxion occurs, the granulations become hyperemic; exudation of lymph then occurs on to the under surface of the grafts, and into this exudative matter new vessels quickly grow, and so the flaps of skin are nourished. By applying Esmarch's bandage to the limb from which the grafts are taken he thinks that the risk of any specific or injurious matter being implanted with such large pieces of skin is thereby reduced to a minimum. It is advisable to endeavor to get the granulations as even as possible before grafting, and that the limb (more especially if it is one of the lower extremities) should be covered with one of Martin's elastic bandages for a month or six weeks after the operation.

A Case of Melanosis in Philadelphia.—For some months a Philadelphia physician, says the Independent Practitioner, has had under treatment an infant afflicted with the rare disease, melanosis, in an aggravated form. The child was born with a fair complexion, dark eyes, and brown hair. Soon after birth he began to turn dark of skin, the color deepening from yellow to saffron, and finally to black. The color was uniform all over the body, except at the joints, where it was a little darker, and in the palms of the hands, where it was lighter. The once brown hair grew stiff and jet black, and the eyes also grew darker, so that the line between the pupils and the iris could not be distinguished.

In spite of medical treatment the boy grew worse, and became very weak, all the time the color of his skin deepening. At last he became as black as a full-blooded negro. Then he was attacked by convulsions, which grew more frequent and violent until they threatened the child's life. It was in one of these that Dr. Reynolds was called in. He succeeded in curing the spasms, and then devoted his attention to the strange disease which afflicted the child. He at once recognized it as melanosis or pigmentation, which is mentioned in the books in a general way, but there is no case given where it had developed all over the body. This was more than sixteen months ago, the child being then thirteen months old.

Since then the boy has greatly improved, by degrees becoming lighter, until now he is of a light chestnut-brown color. The case has attracted much attention from physicians.

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EDITORS.

HOW TO MANAGE THE GALLERY.

The first lesson which the medical graduate learns when he embarks in the practical duties of his profession is that success does not depend alone upon a knowledge of his art. Be he over so adept in diagnosis and skilled in prognosis and wise in therapeutics, these do not constitute the doctor. With his first case he will learn to his surprise that it is one thing to bring a man to physic and a totally different affair to make him drink it; and if he be at all wise in his generation, he will thenceforward bend the energies of his lifetime in reconciling this variance. Some men never do it, and they fall miserably by the wayside of professional life. Others catch the point at the outset, and bloom into the princes of our art. If the practice of medicine were simply a matter between physician and patient, it would generally be an easy-going affair; at any rate, these relations do not constitute the chief difficulties in the case. You might say to the man, for instance, You have a catarrh, a congestion, or your system has run down (blessed pathologies!), and you must do so and so; and by such a time, if you get no worse, you will be better. He may offer some resistance, but single-handed, with ordinary tact, you can conquer him; but the misfortune for himself and yourself is that he is not alone in the matter. He is reinforced by dozens. In the first place, he may have all the relations laid down in the Pinafore, and if he have not these, you

may be certain the neighborhood is on his side. They may not have thought any thing of him when he was well, and the fact is, they care very little for him now that he is sick; but curiosity and conceit bring them by the dozen to his bedside, and each one of them is armed with a pathology and a therapeutics as wise as his grandmother. They constitute the gallery to which the physician must play, and which is to give principal judgment upon his work. How is he to meet it? Many an enthusiastic fellow has gone honestly to work to convert it to his side. He has conceived it to be thirsting for knowledge, and has proceeded to instruct it in the points of the case. Ah, vain hope! It may be there has existed somewhere a stock of amiability and patience in this not wholly wicked world to stand the cross-examinations and suggestions, which grow by feeding, to which the doctor is exposed from curious and may be malignant friends; but it has not, as we have seen, embarked in medicine yet. He who would attempt to satisfy the gallery in this way dies a martyr before a score of cases reaches him. But it must be satisfied. The doctor comes and goes; the gallery remains. The influence he establishes must be done in the few minutes of his visits, but the gallery has hours at its command at which to overcome it. It relates how X had such a case, which Y lost with treatment which is now pursued; and Z, whom all the faculty gave up, &c. cured by simples which this doctor now refuses to use. And did he not trip in his explanations? Did he not say yesterday it was congestion, and this morning declare it was inflammation? Aha! aha!

Do not be deceived, my brother, at the innocent faces around you when you come—and the show of confidence. In your absence you have been sifted through and through.

How shall you manage these people? How will you break down the barrier which lies between you and your patient, and preserve that confidence without which your skill is naught? Shall you take another tack and beat it down by force? Shall you say to these people that it is none of their business what is the matter with the man or what you are giving him? Will you tell them to get out, and bar the door behind them? In a word, shall you invite them to thunder? Ah! sweet luxury preserved for millennial doctordom! You can't drive out the gallery to stay; they will return when you are gone. The sick man himself is offended. You have shut out his best friends, moved by pity and charity to undermine his confidence in you, and you show by your temper how bad was your cause. And what a defeat, then, reestablishment means.

But what shall you do if force and kindness both fail? Listen and we will tell you; and when we have done so, and you have acted upon our advice, and see how charmingly it solves the question, do you acknowledge the debt you owe this journal for much pleasure and profit in your professional life. It is a simple prescription we offer, which has stood a thousand clinical tests, and it is this: *Cultivate deafness and do not hear the gallery when it speaks.* Bow to it politely when you pass; go directly to your patient, examine him carefully, give your directions, and retire. Of course you will be arrested on your retreat. Now is the time for action. You will be asked, for instance, if the patient has n't the botts or something or other which you have overlooked, and if some foo-foo powder, etc., would not be in order; that his or her doctor had such a case, etc. It may be a long story. If so, all the better. Do not be hurried. Listen attentively, and before it is quite through shift your position; raise your hand to either ear, which

you declare is your best; make an apology for your failing hearing, and have it gone over again. After it has been yelled a second time, smile blandly, like one who tried his best to hear but had n't the faintest conception of what was said, express sorrow that your excellent friend (her doctor) had the botts, etc., and retire. And you may be sure you can retire. The inquisitor is not going to stretch her lungs in another attempt, and the next time she meets you she is going to be more chary in her attempts to instruct you. Of course the thing is not to be clumsily done, as detection will add to the offense, and the hearing once lost is not to be recovered unless in a single ear.

As we have said, the prescription has stood a thousand clinical tests, and we have given it from the observation of a number of instances in which physicians who were really deaf, and others who were drawn to simulation by the stress of circumstances, escaped thereby the hundred annoyances to which the doctor who is known to have good ears is subjected. In any relation of life, if you can force a man to repeat his remark to you, you have him so much at your advantage; and if you can avoid hearing in medicine when you choose to do so, you escape argument in which you must suffer, conundrums which you may not be able to answer; you preserve your temper, your politeness, and your time; and you administer to the best interests of your patient.

VIVISECTION IN ENGLAND.—The memorial recently presented to Mr. Gladstone, urging him to do all in his power for the absolute abolition of vivisection, was signed by "one hundred representative men," among them Cardinal Manning, Prince Lucien Bonaparte, Alfred Tennyson, Robert Browning, James Anthony Froude, John Ruskin, the head masters of Rugby, Harrow, and seven other large schools, twenty-one physicians and surgeons, and thirty-seven peers, bishops, and members of Parliament. The memorialists take the ground that vivisection,

even with anesthetics, should no longer be allowed by law; and they quote the opinions of Sir William Fergusson, Sir Charles Bell, and Dr. Syme, that "it has been of no use at all, and has led to error as often as to truth." They add that the utility, if proved, would not in this case excuse the immorality of the practice.

Dr. Leffingwell's paper, Does Vivisection Pay? which recently appeared in Scribner's Monthly, excited much discussion among London papers. Dr. Wood's reply, in the September Scribner, presents the other side of the question.

It may be remembered that we advised the medical students of Philadelphia to give the hoary old villain Buchanan, the diploma monger, a good ducking in some horse-pond. They failed to do so; but the rascal has taken water himself, jumping overboard from a ferry-boat at night, pretending suicide to escape the law. If the scamp had only made a mistake and drowned himself, we could have forgiven some of his deviltry and would have published his obituary cheerfully; but as he still walks on dry ground, we commend our prescription to students in such localities that he may infest. An anointment with *unguentum picis* would also be not wholly out of order.

A PRICE CURRENT OF DRUGS.—We have been requested by some of our readers to publish in the NEWS a weekly bulletin of the cost of medicines, etc. This is quite impracticable. The retail druggists, being far more extensive purchasers than the doctors who put up their own medicines, are supplied by the wholesalers at a considerably less cost than the doctors can buy the same goods for. A weekly price current furnished us by a wholesale house would drive all its druggist customers away; and they are far more profitable than the doctor customers, we are told. Wherever it is practicable the drug business should be solely intrusted to the druggist. To own a drug-

store is seldom profitable to the doctor, and there are many objections to his being pecuniarily interested in one. Of course in some parts of our country a physician must of necessity purchase and dispense medicines, but his time is best spent in the study and practice of the healing art, and in collecting his fees.

Original.

DIET FOR THE SICK.

LECTURE NOTES FOR THE MEDICAL CLASS,
UNIVERSITY OF LOUISVILLE.

BY J. W. HOLLAND, M. D.

Professor of Materia Medica and Medical Chemistry.

The dietaries suitable for special conditions shall be considered according to the order of the ages most liable to present those conditions. This arrangement is not wholly satisfactory, but is good enough for practical purposes.

INDIGESTION IN BABIES.

Science has discovered no better food for babes than that supplied by a healthy mother or a wet-nurse.

When it becomes necessary to bring up a baby entirely or even partly by hand, a time of trial and possibly of danger has set in. There may be errors in the character, the amount, the frequency of the diet and of cleanliness in the utensils. If through ignorance or carelessness these errors be persisted in, the baby will surely suffer from indigestion, denoted by vomiting, diarrhea, and colic; then will follow wasting and probably rickets. Often the skill of the physician is taxed to the utmost to remedy these maladies which might have been prevented had his advice been sought when artificial feeding was first adopted. The baby's diet must in such a case be minutely revised and ordered as the mainstay of cure. It is shameful neglect of an important matter to dispose of it by such vague advice as "change the diet." It is often advisable to put in writing precise directions as regards the nature and quantity of food and the hours of feeding. Our main reliance is fresh cow's milk. It differs from mother's milk in density, containing more casein; it is also less sweet. To make it a more perfect substitute water and sugar must be

added. The simplest rule is, for the first month of life, mix one part of unskimmed milk with two of water and to each tumbler of this dilution add a teaspoonful of white sugar. It is best to give it from a nursing-bottle with a rubber nipple, which in the intervals of use should be kept in warm water with a pinch of soda to make them sweet and clean. Before giving the milk, dip the filled bottle in hot water long enough to warm its contents. During the second and third months the amount of water may be reduced to one half, then to one third. After the fourth month milk undiluted, but sweetened, may be given. The rule of frequency and quantity is half a tumblerful in the bottle every two hours. If the baby vomits a little diminish the quantity.

If lumpy curds are thrown up or passed by the bowels unchanged, with or without greenish stools, lime-water must be used instead of pure water in mixing the food. An intelligent nurse soon learns to make the lime-water in a large bottle or jug by putting in selected pieces of lime and shaking it well with water. After settling, the clear liquid may be poured off for use into another bottle, and a fresh portion of water shaken up to be ready when needed. Lime-water is called for to correct the acid character of ordinary cow's milk, and to make it curdle in fine flakes like human milk. Some children thrive upon the mixture of milk with simple water, but not so the majority. The average city baby, especially in hot weather, is usually better off with lime-water as a diluent than with plain water. A thin mucilage of oat meal or barley-water will accomplish the same end of preventing dense and indigestible curds, and may be used instead of the lime-water.

Owing to the difficulty in cities of getting milk fresh twice a day resort is frequently had to "condensed milk," an article thickened by evaporation and preserved by adding sugar. This preparation has a wide popularity, and if properly treated will agree well with the majority of babies. It is defective in the low proportion of albuminoids to the sugar. Dr. Jacobi has found that when diluted with simple water only it is apt to be followed by disagreeable results, but if mixed with the proper proportion of barley-water or thin oat-meal gruel all objectionable qualities are removed. Dr. Jacobi's formula for the new-born is as follows: "Boil a teaspoonful of powdered barley (grind it in a coffee-grinder) and a gill

of water with a little salt for fifteen minutes, strain it and mix it with half as much boiled milk and a lump of sugar." Instead of boiled milk and sugar use a teaspoonful of condensed milk to half a tumbler of barley-water. My own observation of its effects confirms his extensive experience, which he states does not enable him to discover any material difference whether condensed milk or good ordinary city milk was given in this way. The proportion of condensed milk used should be increased as the babe grows according to the scale of diet for fresh milk. After the sixth month food should be offered five times a day, and at one of the meals bread and meat broth may be substituted. After the eighteenth month babies may have underdone meat to suck or ordinary meats and mealy potatoes finely cut or mashed.

In general, the simpler and more regular the dietary, whether of health or sickness, the better. To illustrate the meaning of "simple and regular": Any child two years old not confined to bed will do well upon the following dietary, which may be slightly modified according to the season, convenience, or special symptoms of disease: On rising, a glass of milk or milk gruel; about the middle of the morning a piece of stale bread and butter; about noon meat soup or broth or finely-cut meat or soft-boiled eggs and bread, or mealy potatoes mashed with or without butter, or light pudding of corn-starch, or rice with cream; in the middle of the afternoon bread and milk; at night bread and milk. To this may be added fresh fruits in their season. It is conceded that robust children sometimes without apparent harm indulge in cake or pastry or green vegetables or even mixed candies, but most children enjoy better health without them, and delicate ones should certainly abstain from them. After the third year, unless there is positive indication to the contrary, they may partake of the usual fare of the family table, including milk.

SUMMER DIARRHEA.

Parents are apt to forget that in summer a baby is more thirsty than in winter and needs more water. Failing to satisfy the natural demand for simple water, they unwittingly force the child to take more milk than is necessary. In this way to the depressing effects of heat and crowd-poisoning is joined the indigestion due to over-feeding. Summer complaint ensues, and thus the huge bill of infant mortality in

cities is made up. Cool bathing and a free play of fresh air will do some good; a revision of the diet and its utensils will often do more where the babe is bottle-fed. If gross faults in the dietary are discovered, after allowing the stomach entire rest for about four hours, give beef, mutton, or chicken broth and barley-water in small quantities, with a few drops of whisky. If the digestive organs still prove intolerant, resort may be had to white of egg. In preparing this mixture—to which he awards high praise—Dr. Jacobi mixes the white of one egg with a cupful of barley-water and a little salt, and usually sugar. Brandy may be added to support the strength according to the need. In extreme cases a teaspoonful of this mixture is given every five, ten, or fifteen minutes. Still another resource, should this fail, is to allow the child to suck at intervals a piece of raw or underdone beef.

As barley-water has been frequently mentioned, it may be timely to give the recipe for preparing it: "Take of pearl barley two ounces and of boiling water two quarts. Having washed the barley first, boil it in the two quarts of water down to one quart." This is a valuable drink and a light food suitable for the diarrhea of older children as well as adults. To make it more palatable, it may be sweetened and flavored with slices of lemon.

RICKETS.

Rickets usually is a result of improper feeding, including under that head errors of character and quantity of food and cleanliness of utensils. According to Trousseau ninety per cent of the rickety children are prematurely weaned or brought up entirely by hand. The first and chief object in treatment is to put the invalid on a suitable diet. Enough has already been said on this subject under the head of indigestion in babies.

SCROFULA AND TUBERCLE

both call for a full diet containing an abundance of fatty matter. There is usually a marked distaste for these substances, which should be overcome by presenting them in their most tempting and digestible form. Dyspepsia is a very frequent complication which will call for a careful regulation of diet. Fresh animal food, not fried nor served as hash, a free allowance of butter, cream, milk, potatoes, and stale bread would make a dietary suited to most invalids of this class. To this may be added thrice daily as auxiliary foods extract of malt and cod-

liver oil, both of which are easily assimilated. If the invalid craves pork, and on trial, after thorough mastication it is perfectly digested, this should form a part of the regimen.

FEVERS AND INFLAMMATION.

In fever the body rapidly wastes, owing to the degenerations and morbid chemistry to which its structure is subjected. Material must be supplied for maintaining the forces of life and to compensate for these extensive losses. At the same time the digestive capacity is so much impaired that the ordinary diet is wholly unsuited, and if forced upon the unwilling invalid will either be rejected by the stomach, or failing to be digested, putrefy, to be the cause of further mischief. Fresh milk exclusively given every three or four hours so as to allow time for digestion will be adequate to support life. An irritable stomach which rejects milk or a weak one which fails to digest it can often be satisfied by taking only small quantities of milk mixed with lime-water in equal parts.

The reminder is often heard that beef tea and meat extracts are not true foods, but only stimulants. This should not blind us to the fact that invalids who turn from milk with loathing will sometimes take beef tea with gusto and undoubted benefit. It is probable that it meets a temporary want and tides the invalid over physical states that the richer food would only aggravate by overtaxing the digestion. Though milk when well borne is most worthy to be the principal food, we have other resources of assured value in simple gruels, malt extracts, meat, and oyster broths and the potted extracts and essences of beef. Fresh buttermilk is often exceedingly grateful as well as nutritious. The same can be said of a soup made by adding the liquor of oysters to boiling milk.

When a need for stimulants is denoted by a failing pulse wine-whey, milk-punch, and eggnog will be found useful substitutes for plain milk or the broths. A good rule is to alternate milk with gruel or some meat broth. By this means we secure that aid to appetite and digestion recognized in the spice of variety. Generally the due quantity should be offered every three hours, though severe cases may require but a teaspoonful of milk or broth given every half hour.

The nurse should not wait for the invalid to call for food, nor is it usually necessary to consult him about it. It is better to pre-

pare the food without comment and tempt the appetite with the sight and smell of it served fresh in the daintiest possible way.

When from unconsciousness or extreme prostration there is inability to swallow and efforts to get food down endanger suffocation, a good way of sustaining strength is by injections of milk-punch into the rectum. This method will be more fully explained further on.

In *typhoid fever* for about one month the nutrition of the entire body is to some degree abnormal, and usually great emaciation attests the disproportion between waste and repair. Systematic feeding should be instituted early and kept up in spite of repugnance to food and even of unconsciousness. The ulcerated patches in the bowels, peculiar to this affection, must not be exposed to the irritation of foods that leave a solid residue after digestion. It is best that liquids, especially milk, for meat teas and broths alone will not answer, should continue to be used until convalescence is established. The inordinate appetite at this stage must not be fully indulged lest an ulcer not quite healed be again inflamed and perforation of the bowel ensue.

Milk is the sheet-anchor in *scarlet fever*. The danger of kidney complication is to be met by the use of liquid foods to maintain a free urinary flow. Until the fever is entirely gone the whimsical demands of the child for cakes, confections, and fruits must be refused.

In *yellow fever* the highly-irritable state of the stomach usually makes a regular restorative diet impossible. The greatest dependence is placed in stimulants to buoy up the invalid during the five or seven days of prostration. Convalescence brings its perils in a voracious appetite, to gratify which to the full may bring about a relapse.

In *acute inflammations* the general indication is about the same as for the febrile state, and the dietary is not materially different.

To show how comprehensive is the application of the foregoing observations a partial list of the ailments for which this dietary is suitable is appended. Beside the three fevers mentioned above, *continued, ephemeral, intermittent and remittent fevers, measles, smallpox, chickenpox, diphtheria, acute rheumatism, inflammation of the brain, meningitis cerebral and spinal, pneumonia, pleurisy, bronchitis, endo-carditis and dysentery.*

Dr. Benj. Rush was wont in his lectures to remark that "a physician should spend six months in a kitchen before entering

upon his practical career." This exaggerated statement gets its currency from the central truth that to obtain control over a disease in all its features the medical attendant must not only know the effects of food but also the correct way of preparing it. Cooking is a chemical process for the right performance of which some skill and knowledge is required. Until he is sure that the nurse in charge of the sick-room is familiar with the preparation of the articles ordered details of this kind can not be considered unworthy his attention.

The following recipes for the diet of fevers have stood the test of long usage, and are to be further commended for their simplicity:

"*Beef Tea*.—Cut lean beef into mince meat; put in a wide-mouthed bottle; add salt; cork tightly; put in a saucepan of water, and boil for six hours. Then skim, strain, season, and serve hot."

"*Beef Juice*.—Score and broil one minute pieces of beef about the size of the palm of the hand; press out the juice with a lemon-squeezer; add a pinch of salt, and before serving make it hot."

To make a complete food of these or their substitutes, the extracts and essences of beef, serve them with the following gruel: "Mix the corn meal or oat meal with cold water, and then stir it into boiling water previously salted—a pint of water to two or three tablespoonfuls of meal, according to the demand for thick or thin gruel. *Boil for two hours.*" The common practice is to boil fifteen minutes. This is not long enough to insure complete solution of the starch. After the gruel has cooled to a temperature acceptable to the mouth by mixing with it a plain extract of malt it can be materially strengthened and made more easy of digestion.

"*Wine-whey*.—After sweetening half a pint of milk heat it in a saucepan; when it reaches the boiling-point pour in a small glass of wine. Let it boil up once more, and set the saucepan aside till a curd forms. Do not stir it, and the whey will pour off free from curd."

"*Maizena or Corn-starch or Farina*.—To one quart of boiling milk add gradually four tablespoonfuls of the starch previously rubbed into a paste with a little cold milk; add some salt, and boil for five minutes, stirring briskly; sweeten to taste and flavor with essence of vanilla, lemon, or orange. Set aside to cool."

Correspondence.

POISONING BY AN OVERDOSE OF VERA-
TRUM AND GELSEMIUM.

To the Editors of the Louisville Medical News:

On January 5, 1880, I was sent for in haste to see Mrs. D. Upon arriving at the house found her lying on a bed, supported in the arms of her husband, and seemingly in great agony. So great, indeed, was her distress that she could barely answer my questions. Said her back felt as though it was breaking. She vomited every few seconds, the matter vomited consisting of frothy mucus tinged with blood. The extremities were cold and pulseless. Placing my hand over the precordia, I failed to discover the heart's beat. She was very plethoric, was much prostrated, and appeared to suffer with great difficulty of breathing. The eyelids were half closed. Her husband informed me that his wife had taken, almost an hour and a half before my arrival, a tablespoonful of mixture ordered by her attending physician for "spinal complaint," who had since prescribing gone to the country. I immediately ordered mustard to the spine and extremities. Walking over to the drug-store, I inspected the prescription which had been given, and which ran as follows:

R Potas. brom..... gr. xxiv;
Tinct. verat. virid..... $\frac{3}{4}$ ij;
Tinct. gelsem..... $\frac{3}{4}$ ss.
Tablespoonful before eating.

The druggist had compounded and the patient taken as ordered, the dose containing, of course, eighty minims of tinct. verat. with one hundred and sixty minims of tinct. gelsem.

On returning to the house found the patient being violently purged, vomiting still severe, and she complained of being blind. Administered one third grain morph. sulph. and one hundredth grain atrop. sulph. hypodermically, followed in twenty minutes by another injection containing one fourth of a grain of morphia, after which the vomiting ceased. Ordered a tablespoonful of brandy every twenty minutes and ammonia to the nostrils, also the extremities to be vigorously rubbed with mustard and turpentine. After this treatment had been kept up for about two hours and a half the pulse returned to the wrist, the extremities became warmer, and the patient rapidly recovered; still she felt somewhat prostrated for two days after.

COLEMAN, TEXAS.

GEO. S. SYKES, M.D.

To the Editors of the Louisville Medical News:

The case of transient and sudden swelling of lips and tongue in your journal of the 14th ult., by A. S. Lanbaugh, recalls to mind a similar case in my own practice.

Miss H., aged twenty, had transient swellings of the lips, tongue, fauces, and probably implicating the laryngeal and pharyngeal mucous membranes; complete inability to swallow; very distressing dyspnea, periodical, usually occurring about 1 o'clock P.M.; acme about 2 P.M.; complete subsidence at 3:30 P.M. This had occurred regularly for four or five consecutive days, when I was summoned. I treated it as a subcutaneous nettlerash of malarial origin, and it entirely disappeared on the third day. The swelling was always preceded by a tingling sensation of the lips, and accompanied by slight fever, headache with tinnitus aurium (due probably to obstructed circulation), gastric uneasiness, and precordial oppression. There was no connection with menstrual disorders. I have seen another case in the male. Fox on Skin-diseases, pages 118-19, explains it: *Urticaria subcutanea et evanida*.

LAGRANGE, KY.

JOHN RODMAN, M.D.

To the Editors of the Louisville Medical News:

I have with interest perused the article headed Some of the Actions and Uses of Gelsemium, by Dr. A. G. Hobbs, published in the NEWS of July 24, 1880. I am able to indorse fully all that he has said about it, as my experience with the article for the last twenty-five or twenty-six years justifies me in so doing. It can not be too enthusiastically recommended in the treatment of intermittent and remittent fevers, dysmenorrhea, and many of the nervous diseases, especially those that are influenced by malaria. Where I found the sulphate of quinia inadmissible in the treatment of intermittent and remittent fevers, I have prescribed the saturated tincture of gelsemium alone, in ten-drop doses, to adults, repeated every hour until the frequency and force of the pulse and the temperature of the body were reduced to their normal condition, when the period of its administration would be prolonged to three, four, or six hours for several days afterward, with the most satisfactory results.

I find the fresh root far preferable to the dried. I procure it within twenty miles of my residence, where it grows profusely, and proceed to make a saturated tincture as fol-

lows: Taking a sufficient quantity of the fresh-dug roots, thoroughly washed and cut up into convenient pieces, I pack them into a large-mouthed vessel till filled, and cover the whole with good whisky or with diluted alcohol, then close the vessel and set aside for fourteen days; after which decant, when it is ready for use. I have observed that the pure undiluted alcoholic tincture produces unpleasant symptoms and unsatisfactory results, imparting a scarlet flush to the face and skin, with other unfavorable conditions. This effect is said to be attributable to a resin contained in the root, and which the alcohol readily dissolves, whereas the diluted alcohol has not that property. However, be this as it may, I find the diluted alcoholic tincture to be preferable in every respect. The gelsemium combined with the sulphate of quinia is an excellent and useful auxiliary in the treatment of intermittent and remittent fevers, and all other diseases of a malarial taint.

ANDERSON, TEXAS. JAS. A. M'QUEEN, M.D.

Reviews.

Atlas of Skin-diseases. By LOUIS A. DUHRING, M.D., Professor of Skin-diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin-diseases, Philadelphia; Dermatologist to the Philadelphia Hospital; and author of A Practical Treatise on Diseases of the Skin. Part VII: Eczema (pustulosum); Impetigo Contagiosa; Syphiloderma (papulosum); Lupus Vulgaris. Phila.: J. B. Lippincott & Co. 1880.

Part VII of Duhring's Atlas, like its preceding parts, is a rarely excellent work of art. The dermatoses represented are pustular eczema, contagious impetigo, papular syphilis, and common lupus. They are all absolutely true to nature, and convey a most vivid idea of the diseases pictured. No other skin-plates are equal to them, and, barring the Sydenham Society plates, no others are comparable to them. Outside of the great cities every doctor must of necessity be his own dermatologist; and with Duhring's Atlas, and with a correct knowledge of the causation and treatment of disease, the general practitioner is competent to manage skin-affections as well as he does maladies affecting the other tissues of the body. Every physician should possess this invaluable work. It costs but two dollars or two dollars and a half a number. Readers of the NEWS, collect close and subscribe for it at once.

The Student's Dose-book and Anatomist combined. By C. H. LEONARD, A.M., M.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology in the Michigan College of Medicine, etc. Part I: Multum-in-parvo Reference- and Dose-book, third and revised edition, twenty-fifth thousand. Part II: A Vest-pocket Anatomist, second revised edition, tenth thousand. Price, one dollar. Detroit: Leonard's Illustrated Medical Journal. 1880.

The medical student and the young practitioner will find in this little book, that may be easily carried in the pocket, a most useful companion for ready reference.

Books and Pamphlets.

SENILE OBLITERATION OF THE UTERINE CERVICAL CANAL. By Henry F. Campbell, M.D., Augusta, Ga. Reprint from Volume IV, Gynecological Transactions, 1880.

LIST OF PREMIUMS OF SECOND ANNUAL BENCH SHOW OF DOGS GIVEN BY THE ST. LOUIS KENNEL CLUB, at the Fair Grounds, St. Louis, Mo., October 5, 6, 7, and 8, 1880.

ANESTHESIA BY ETHYL BROMIDE. By H. Augustus Wilson, M.D., Ophthalmic and Aural Surgeon to St. Mary's Hospital, and Surgeon in Charge of the Surgical Out-patient Department; Lecturer on Microscopic Anatomy and on Fracture-dressings at Philadelphia School of Anatomy. Reprint from Medical and Surgical Reporter, August 7, 1880.

LACERATIONS OF THE NECK OF THE UTERUS. By A. Reeves Jackson, A.M., M.D., formerly Surgeon-in-Chief of the Woman's Hospital of the State of Illinois, late Lecturer upon the Surgical Diseases of Women at Rush Medical College, Fellow of the American Gynecological Society, etc. Read before the Tippecanoe County Medical Society at Lafayette, Ind., May 6, 1880. Reprint from the American Practitioner.

ON OCCIPITAL HEADACHE AS A SYMPTOM OF UREMIA. By E. C. Seguin, M.D. Reprint from the Archives of Medicine, August, 1880.

The author concludes:

I am inclined to believe that the publication of these cases may serve to render more accurate the diagnosis of occipital headache, and to illustrate the utility of critically examining the urine in cases of any degree of obscurity; more especially as occipital headache is scarcely mentioned as a symptom of uremia.

REPORT AND SUPPLEMENTARY REPORT TO THE PARLIAMENTARY BILLS COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION ON VACCINATION PENALTIES: THE PRINCIPLE OF COMPULSION IN VACCINATION. By Ernest Hart, Chairman to Committee. Reprint, by order of the Committee, from the British Medical Journal of July 3 and 17, 1880.

Like every thing from Mr. Hart, this is excellent.

Miscellany.

SEWAGE.—It is stated that the city of Paris (Med. Times and Gazette) after having tried various chemical and other means of dealing with its sewage, is now irrigating about a thousand acres of land within five miles of the Tuileries. On June 23d last the Conseil Municipal of Paris resolved to approve the continuation of irrigation experiments in the fields of Gennevilliers, and the carrying of the sewage to the lower north-western part of the peninsula of St. Germain and adjoining farms, and the delivery of the sewage from the conduits to persons on their routes who shall be willing by agricultural, chemical, or other means to cleanse it at their own expense and risk, for the sake of what they may be able to get out of it, subject to rules to be prepared. They further decided, in the event of the district chosen for the experiment being insufficient for the purification of the sewage without annoyance to the neighborhood, to ask the Government to take into immediate consideration the extension of the present proposed area and the irrigation of other districts in the valley of the Seine. It is to be feared that even if this experiment should prove a success in the French capital the example would be but of little value to us, since, according to returns by the engineers of the Metropolitan Board of Works, the average daily quantity of sewage pumped into the river Thames amounts to the enormous total of 384,930 cubic meters at Crossness, and 435,373 cubic meters at Barking, equivalent to about as many tons by weight.

PHYSICIANS' ATTIRE.—A member of the Royal College of Physicians thus writes to the Lancet: Many have doubtless observed the recent and admirable action of the Mayor of Derby, who with the consent of the Lord Chancellor has ordered all solicitors when practicing in court to appear in robes. As then the clergy have a distinctive dress and the legal profession theirs, would it not be well for the councils of the several Royal Colleges of Physicians to consider and decide upon a distinctive attire for their fellows and members to appear in on special occasions, and thus to designate the learned profession to which they belong? Hoping this suggestion will be taken up by others, I am, sir, yours obediently, M. R. C. P.

[M. R. C. P., the day for such tomfoolery is passed.]

A MEDICAL MURDER.—Under this heading the Paddington Times relates an occurrence which, without explanation, is simply incomprehensible. A medical man, called to attend a patient suffering from bronchitis, is declared to have deliberately killed the unfortunate victim by applying, first, a handkerchief saturated with chloroform to his face, and subsequently, upon the remonstrance of the patient's son, a napkin upon which had been poured a mixture of ether and ammonia. Heart-disease having been diagnosed, the latter stimulant might have been intended to produce a beneficial effect, as, indeed, the doctor declared had been his hope; but the extraordinary part of the revelation is in the fact that he expressly admitted to the wife of the patient not only that he had purposely destroyed her husband's life, but that she ought to be grateful to him for doing so; and added further that he thus treated all his patients who were great sufferers. Our lay contemporary, with some reason, concludes that the author of this diabolical outrage is a madman.—*Med. Press and Circular.*

MANUFACTURE OF QUININE.—According to a Darjeeling paper (Med. Press and Circular) the government will soon be in a position to manufacture all the quinine required for the public service in India on its own plantations, as Mr. Gammie has succeeded in manufacturing quinine at Rungbi fully equal in color and general appearance to any produced by European manufacturers, and what really is of as much importance to the country, at an almost nominal cost. The present retail price in England of Howard's quinine is from thirteen to fourteen shillings per ounce, and the price has been as high as sixteen to eighteen shillings. The cost of the Rungbi is estimated at two roubles per ounce.

ADULTERATED MEDICINES.—Dr. Cameron (Lancet) public analyst for the county Monaghan, reported to the recent meeting of the grand jury of that county that nine medicines which he had examined for a poor-law union were all adulterated. "Sulphate of quinine" was composed wholly of an article one tenth the price of the former, namely sulphate of chinchonine. The "tinctures" were deficient in spirit (one of them containing none at all) and other ingredients, and wanting altogether in others. Methylated ether was used in preparing tincture of lobelia.

Selections.

ON DETERIORATIONS, ADULTERATIONS, AND SUBSTITUTIONS OF DRUGS.

[Extracts from Supplement No. 6, National Board of Health Bulletin, by Prof. C. Lewis Diehl, of Louisville.]

General Facts Related to and Influencing the Condition of the Drug Market in the United States.—Previous to 1848, and for some years thereafter, the condition of the drug market appears to have been in a very unsatisfactory state indeed. This condition was largely attributed to the importation of adulterated and inferior drugs, which in the absence of a law specifying a standard of quality were freely admitted at our ports of entry. During the year mentioned Congress passed a law regulating the importation of drugs and designed to exclude inferior and adulterated drugs and medicines; the law going into effect at the port of New York on the 15th of July. Almost immediately the wisdom of this measure manifested itself, for during the first ten months Dr. M. I. Bailey, the "special examiner of drugs" appointed for the port named, had occasion to reject about 90,000 pounds of drugs—such as rhubarb, opium, jalap, gamboge, senna, yellow bark, iodine, croton oil, sarsaparilla, etc.; while during his entire administration of the office (from 1848 to 1857) he found it necessary to reject over 900,000 pounds of "unsafe, adulterated, and improper drugs and medicines."

It is worthy of remark also, and an evidence of the beneficial effects of this wise sanitary measure, that the character and quality of the more important articles of drugs, medicines, and chemicals presented for entry from abroad soon showed decided improvement, and that the importation of inferior and worthless qualities was greatly decreased in quantity. Thus 19,989 pounds of rhubarb were rejected by Dr. Bailey during the first seven months of his administration of the office named, while during the next two and a half years he had occasion to reject only 5,782 pounds altogether; during the first seven months 3,347 pounds of opium, and during the next two and a half years only 3,164 pounds were rejected, while 70,000 pounds of opium were admitted during the same period; and so with gamboge, myrrh, and other important drugs. At other ports of entry—at Baltimore, Philadelphia, Boston—"special examiners of drugs" appear to have been appointed about the same time as at New York, and as far as has come to the knowledge of the writer the experience of these ports has been similar to that of Dr. Bailey.

During the first five or six years of its application the law appears to have operated remarkably well, notwithstanding certain glaring imperfections, due undoubtedly to the hasty manner in which it was framed and passed through Congress, and which were only slightly modified by a "circular of instruction," issued to special examiners of drugs, on the 4th June, 1853, by the Treasury Department, then under the Secretaryship of Hon. James Guthrie. The more important imperfections, which were not affected at all by the "circular of instruction" referred to, and which, inasmuch as there has been no change in the law since its passage, still exist, may be briefly stated to be the following:

1. The failure to provide for the appointment of "special examiners of drugs," absolutely on the

ground of their known qualifications for the office, and independent of political preferment or patronage.

2. The failure to make that office distinct and independent, like that of collector, and not subservient to that officer; or, as is really the case, to the appraiser of merchandise.

3. The failure to require strict accountability for his action to the Treasury Department direct, by annual reports of the transactions of his office.

4. The failure to furnish special examiners with appropriate office facilities and with the necessary books, chemical apparatus, and reagents.

These are among the causes that have made the "drug law" less effective than it should be, and at periods almost inoperative; and whatever may be the difference of opinion regarding the three last-named imperfections, there is no doubt the first named is largely responsible for the inefficient and inadequate execution of the law during certain periods of its existence. The removals from this office up to 1857, on purely political grounds, were so numerous that the law could hardly be said to have had a fair trial up to that time, except at the port of New York; and at this port, through which nearly three fourths of all importations of drugs were made, Dr. Bailey was also removed in 1857, strictly on political grounds—thereby depriving the service of an officer of acknowledged integrity and zeal, and in every way qualified for the responsible office held by him during the preceding nine years.

Official Venality. The condition of things at this period in the history of the drug law may perhaps be best explained by the following extract from the final report of a committee on standard of drugs, appointed by the American Pharmaceutical Association for the purpose of establishing a standard for the guidance of special examiners of drugs. After explaining certain difficulties in the way of establishing standards and advising that the subject be dropped for the present, the committee, of whom the late Prof. William Proctor, jr., was chairman, continue as follows: "The committee furthermore felt discouraged from prosecuting the work by the disregard that is paid to proper qualifications in the appointment of officers to carry out the requirements of the drug law. So glaring has this disregard on the part of the *Secretary of the Treasury* come that designing druggists—at one port where strict scrutiny is administered—have their importations of a doubtful nature sent to another port, where a less scrupulous examiner officiates, so that they may be passed. This the committee know to be true, and while it continues no amount of accurate standards of quality will benefit the drug market and screen out the adulterated and deteriorated articles." And in a report on "Proposed amendments to the law regulating inspection of drugs," made in the same year to the same association, Mr. C. B. Guthrie, chairman of the committee, referring to the system of appointment of special examiners of drugs, says, "So many changes have been made that even had good, competent officers been appointed in all cases, as they have not, they would scarcely have become well settled and obtained the requisite facilities for getting through their official duties before they would have been removed to give place to some more hungry applicant."

The Known Facts of Deteriorations, Adulterations, and Substitutions of Drugs.—*The drug market* must be unqualifiedly pronounced fair. That is to say, not that poor and adulterated drugs

are absent in the market, or that inferior medicines are not dispensed in our pharmacies, but persons who know, or who really desire to obtain articles of standard quality, have very little difficulty in doing so, and as a general rule can be suited by respectable dealers throughout the land. On the other hand, ignorant persons, or those regulating their purchases by the prices rather than by quality, and being consequently indifferent as to the character of the dealer, are very likely to meet with low grades and adulterated goods, or at best are frequently supplied with goods of an indifferent character.

Crude Vegetable Drugs. The more important crude vegetable drugs can, as a rule, be easily obtained in the market of good quality; such, however, as are not often called for are not unfrequently more or less deteriorated in quality, and this is particularly the case with pressed goods. Supposing these drugs to be good of their kind when purchased, much depends upon the length of time required for their consumption and the judgment and care exercised in their preservation. Hence it is of frequent occurrence that an article originally of prime quality is dispensed in a deteriorated condition; and to the extent of such deterioration any preparation made from it must suffer. Furthermore, some drugs, though of good or fair commercial quality, contain more or less extraneous matter, or portions of the plant not recognized as a component, and therefore require careful garbling before dispensing or converting them into medicine. It is believed that in this direction pharmacists often fail with the official requirements or to meet the just expectation of the physician.

Powdered Drugs. The powdering of drugs is unfortunately very rarely done in our pharmacies at the present day. When done at such, however, the quality is dependent upon the same conditions as those mentioned under "crude drugs." When purchased, as is generally done, powdered drugs are often very inferior, either by being adulterated, or by the practice, which is very common, of using the less slightly and the inferior portions of the drug for that purpose. They have been known and are still known to be subject to the grossest adulterations, this being particularly true of spices and such articles as are frequently handled by grocers as well as druggists. That this practice continues, not only as to grocers' goods, but also as to those exclusively handled by druggists, is shown by the low prices at which powders are often offered; for as late as the year 1876 the committee of the American Pharmaceutical Association "On the Drug Market" called attention to the fact that powders are offered at the price of or at an inadequate advance upon the crude drug, notwithstanding the loss occasioned in drying and powdering. The proper standard for a powder should be that it accurately represents a good quality of the crude drug, dry and freed from all extraneous matters and impurities; and if we apply such a standard pharmacists are safe only in doing their own powdering, there being but few houses that aim at so high a standard. Nevertheless, powders of fair quality within the above strictures are readily obtained from respectable dealers.

Infusions and decoctions, which should properly be made from the drug, are very frequently made by simple admixture of the corresponding fluid extract and water. Numerous instances have come to the knowledge of the writer in which this has been done, and that by persons whose aim it is to sell only pure drugs and who would scorn to sell an article known

to be falsified. Such persons often do not appreciate the importance of adhering to the Pharmacopeia, and thus, perhaps from motives of convenience, are led to substitute. This want of fidelity to the Pharmacopeia in fact is a fruitful cause of variation in medicines, not to speak of inferiorities occasioned by designedly making preparations of less than the standard strength in order to save cost and to undersell.

Solid extracts are rarely made by the pharmacist of today, and while some of the manufacturers furnish unexceptional preparations, those of others are of a very different character, being prepared from inferior or unsalable drugs or by processes devised for saving cost and to the injury of the product. Moreover, this class of preparations is very liable to vary according to the degree of care in their manufacture and preservation, and it is by no means uncommon to find extracts changed by overheating, or that have become moldy and unfit for use by exposure.

Fluid extracts come under the same category as solid extracts. While they are more frequently prepared by the dispenser, still by far the largest proportion consumed is the product of manufacture. These, as found in the market, are good, bad, and indifferent in their quality, and while it is true that many manufacturers aim to supply their patrons with preparations that shall correspond with the requirements of the Pharmacopeia, there are also many others who utterly disregard that standard. They are liable to vary in their strength both on account of quantity and quality of the drug used in their preparation, and when, in addition, the process of preparation varies with the manufacturer, either as regards the manner of exhaustion and concentration, or the quality of the menstruum used in the extraction, we can well account for the unsatisfactory character of many of the fluid extracts furnished in our pharmacies.

Tinctures which, sad to say, are sometimes the extreme limit of pharmaceutical manipulation in some pharmacies have been found to vary very materially in their character and quality. Doubtless much of this is due to unskillful or careless preparation, but it is well known and understood that certain tinctures are made to vary in strength, both of drug and menstruum, in order that they may be sold cheap.

Examples of Adulteration.—The following are selected from Prof. Diehl's extended table showing numbers of similar examples:

Aconite. Quality of root in the market generally bad; often moldy on arrival. Many parcels partially or entirely tasteless, being probably exhausted and redried.

Belladonna. Parcels have been met containing fifty per cent of malvaceous roots.

Colchicum. Rarely met with of good quality during the year.

Dandelion. Chicory substituted. So-called "cultivated dandelion" is nothing else than chicory. So-called "American dandelion" is chicory.

Rhubarb. Difficult to obtain good rhubarb during the past three years. Rhubarb rejected in the United States custom-house returned to England; there powdered with a lot of superior rhubarb, reshipped to the United States and admitted. Powder adulterated in France with turmeric. The comparative ease with which rhubarb of good or fair quality is obtainable leads to the inference that inferior rhubarb is largely used for the powder.

Sarsaparilla. Quality, particularly of "Honduras," very poor; clay, pieces of foreign roots, large

woody pieces of the caudex, etc., and plenty of dirt in the interior of the bundles, which on the outside appear bright and clean. On garbling some sarsaparilla the following admixtures, showing the carelessness of some dealers, were found: Nut-galls, matico stems; bay, belladonna, and digitalis leaves; paper, bark, straw, ipecac, may-apple.

Mustard. Ground mustard, of English origin, in Coleman's kegs, composed of corn-starch, some potato-starch, turmeric, capsicum. Of eight samples of ground mustard only one pure.

Pepper. A number of specimens of ground pepper, examined in France, showed the presence of dried and ground parenchyma of potatoes (left as residue in the manufacture of starch), lentil flour, chalk, linseed cake, sesame seeds, and grains of paradise. Whole pepper adulterated with acorns turned into small globes and suitably dyed. (Artificial pepper-corns, made of oil-cake, common clay, and Cayenne pepper, were already mentioned by Accum.) Light-weight pepper made equal to the heavy sorts by macerating in salt brine. Adulterants for ground pepper are, pepper leaves, sage, rape-seed, potato, spices, capsicum, Guinea pepper, chicory, rye, laurel leaves, stones from olives, bone-dust, marine salt, and other mineral substances.

Copaiba. "Para" copaiba, containing six to eight per cent fat oil. Factitious copaiba, manufactured in Indiana; containing castor oil; containing resin and linseed oil; factitious copaiba, composed of linseed oil, castor oil, turpentine, and sufficient copaiba to give odor.

Opium. Containing twenty per cent of foreign matter, chiefly lead; powder adulterated to the extent of fifty per cent. "Smyrna" opium was found to be adulterated as follows, according to variety: *Macedonian* with clay; *Angora* with pieces of wax; *Amasia* with cherry gum; *Taushanly* with extract of licorice; *Balukhissar* with fused colophony; occasionally, also, entire cakes were factitious, and evidently composed in their interior of clay and cow's dung. Containing fourteen per cent of starch. Opium (in Italy) observed which contained thirty per cent of green leaves, supposed to be tobacco, finely chopped, together with small, roundish balls of an undetermined substance. Containing ten per cent of earthy matter, in England.

Castor oil, containing ninety-five per cent of whale oil; another specimen composed of lard oil, with a little croton oil.

Musk. A caddy of nineteen and a half ounces "true Tonquine musk" contained only six and a half ounces of musk, the remainder being earthy matter.

Soap, castile, formerly of uniform quality; "now debased to an incongruous mixture often of filthy fats and alkalies, with as much water as science and skill can put into solid form."

Acid, hydrocyanic. Eight samples of officinal and three of Scheele's acid, of the English market, all found to be deficient in hydrocyanic acid.

Æther, spir. com. Of eleven commercial specimens not one in any way approached the officinal requirements.

Ammon., carbon, a factitious article, made in Chicago from water of ammonia, glue, and bicarbonate of sodium, which greatly resembles ordinary carbonate of ammonium.

Bismuth. Antimony offered for metallic bismuth.

Bismuth, subnitrate. Adulterated with twenty-eight per cent phosphate of calcium.

Iodine. Different specimens of crude article containing twenty-five per cent of sawdust; containing 28.75 per cent of iodide of cyanogen; containing five to twenty-two per cent of water, 0.30 to 0.92 per cent chlorine, and 0.40 to 1.11 per cent ash.

Iron and quinia citr., containing 4.3 to ten per cent quinia (should contain sixteen per cent). Of eight samples in the English market only two contained the officinal quantity of quinia, the others containing from five to twelve per cent. So-called "English style" citrate of iron and quinia varied between three and six per cent of quinia.

Morphia, sulph. Substituted completely by some mineral substance in a western city; in New York sulphate of quinia put up in morphia bottles and sold as morphia.

Mercury, cor. chlor. Adulterated with common salt.

Potass., bitart., containing 63.33 per cent farinaceous matter and sold as "pure" cream of tartar; another lot containing acid sulphate of sodium; another containing twenty-five per cent of selenite, or sulphate of calcium, technically called the "great adulterater."

Potass., bitart. A sample containing seventy-seven per cent alum.

Potass., bromide, containing over five per cent of chloride as impurity. Of ten samples in France only one pure. Contained from ten to fifteen per cent impurities, and one even thirty-five per cent, consisting of carbonate, iodide, and sulphate.

Potass., iodide, containing nine per cent and over of bromide of potassium; another containing ten per cent of iodate of potassium.

Quinia salts. Mannite found in sulphate; in another case finely-picked cotton was introduced in the bottles to increase bulk; salicine substituted for quinia sulphate in Philadelphia; muriate of cinchonia put up, under Pelletier's brand, for sulphate of quinia; sulphate containing ten per cent of anhydrous sulphate of sodium; sulphate of quinidia substituted for sulphate of quinia in England; containing one third carbonate of sodium. A lot of "sulphate of quinia" exported to India contained, according to an analysis of Howard & Sons, London, not a trace of any of the cinchona alkaloids.

Santonin. Different specimens containing mica; adulterated with twenty-two per cent boric acid; entirely substituted by picric acid.

Silver, nitrate. Lunar caustic, from Kentucky, sold as pure, containing but ten per cent of the metal.

Sulphur. Flowers of sulphur containing fifty per cent gypsum.

Sulphur precipit, containing sixty-six per cent of sulphate of calcium.

Tuberculosis of the Heart.—Herr Sanger publishes, in the *Archiv des Heilkunde*, a paper in which he reports twenty-two cases of this disease (British Med. Journal). According to his experience, cardiac tuberculosis shows itself under several forms: extra-pericardial tuberculosis, which successively reaches the pericardium and the myocardium by propagation; perimyocardiac tuberculosis; and endocardiac tuberculosis. In these different forms tuberculosis shows itself under the various aspects of circumscribed tuberculosis, diffused tuberculosis, and myocarditis with tuberculosis.

A Source of Typhoid Fever.—A Mr. Doyle, of England, claims that leucorrhœal discharges are the source of typhoid fever. The idiot.

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B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

STIGMATA OF MAIZE.

Last winter and again this spring the NEWS called the attention of its readers to corn-silk, technically stigmata of maize, as a remedy in nephritic and cystic troubles, etc. The medicinal properties of corn-silk were brought to the notice of the profession by Dr. Dufau, a French physician, in *Le Courrier Medical*. He commends the remedy in uric and phosphatic gravel, chronic cystitis, mucous and muco-purulent cystic catarrh, and in cardiac and nephritic dropsy. Dufau has given it without injury for three months at a time. He has known it to triple and even quintuple the quantity of urine passed in twenty-four hours. He says that in decoction it is unreliable and uncertain. He gives it in a syrup largely diluted, upon an empty stomach. Stigmata of maize is said to have been used time immemorial by the Mexicans.

Dr. Landrieux, of France, has published two cases showing its diuretic properties. The first was an individual with ascites from cirrhosis. Under the influence of the drug, given in a syrup, the urine arose rapidly from five hundred grams to twelve and fifteen hundred grams. In three weeks all ascites disappeared. The other case was the subject of heart-disease, with great edema of the legs, enormous ascites, pulmonary and renal congestion, and a considerable diminution of urinary excretion. The stigmata of maize increased the quantity of urine from two hundred to eight hundred grams in twenty-four hours. The edema

and the ascites disappeared in a short time. Dr. Landrieux terminates his article thus: 1. Not only the different preparations of the stigmata of maize are useful as a modifying agent of the urine, but these same preparations can be equally considered as an incontestible diuretic agent; 2. Diuresis is rapidly produced; 3. The pulse becomes regular under its influence, the arterial tension increases, while that of the veins diminishes; 4. Complete tolerance of the drug, and in chronic cases the treatment might be continued during a month or six weeks without the slightest inconvenience.

We trust that some of our friends have tried this remedy, and will write us the results. We have used it in a single instance, but with decided effect. Two double handfuls of corn-silk were boiled in two gallons of water until but a gallon remained. A tumblerful of this was given thrice daily to a patient of eighty, the subject of dropsy of the legs. His urine was scant, but a thorough examination failed to discover in the heart or kidney or liver any cause for the dropsy. While taking the corn-silk decoction, which relieved his dropsy, he declared that he had never made so much water in all his life.

Professor Scheffer, of this city, is now preparing an extract of the stigmata of maize. Experiments must yet determine the time for gathering the silk, and the proper dose and best form of the remedy. It may be that the silk should be gathered before it is impregnated by the pollen from tassel.

STRYCHNIA was a poison well known to the ancient Egyptians.

EXTRACT OF COLOCYNTH.—This substance in the form of the compound extract, when genuine, is one of our best purgatives, but its expensiveness frequently leads to its adulteration. It can be bought in this city at from four and a half dollars a pound down to two dollars or even less. The pure extract is a drastic cathartic in a four-grain dose. The pure compound extract is an efficient but gentle laxative in the same dose. Some years since, it is said, some enterprising Shakers in one of the Northern States crossed the colocynth cucumber with the melon, thus producing a hybrid much larger than the genuine medicinal vegetable, and which yielded, of course, much more colocynth, but of an inferior strength. Can any of our pharmaceutical friends tell us if this practice still exists?

COMMERCIAL OPIUM.—Egyptian opium (an inferior black opium, containing about four and a half grains of morphia), lbs. xl; ship-biscuits (old and worm-eaten are best, as well as cheapest), lbs. xl; crude opium, lbs. xx. Rub thoroughly together, the biscuits being first pulverized. The crude opium contains twenty per cent of water, which the biscuits absorb and retain, and they give besides to the compound the correct bright color. This, we are informed by an experienced druggist, was at one time a popular formula with wholesale dealers for making opium for the trade.

WE were always of the opinion that it would be premature just now for the schools of Nashville to raise their fees to \$140. It would have been better to stick to the price agreed on by themselves and their neighbors.

ARGUMENT WITH FOOLS AND FANATICS.—When you can not prove that people are wrong, but only that they are absurd, the best course is to let them alone. This is the advice of the apostle of common sense, Huxley.

Original.

DIET FOR THE SICK.

LECTURE NOTES FOR THE MEDICAL CLASS,
UNIVERSITY OF LOUISVILLE.

BY J. W. HOLLAND, M. D.

Professor of Materia Medica and Medical Chemistry.

ANEMIA, OR GREEN-SICKNESS.

This condition is characterized chiefly by a deficiency of iron compounds in the blood. The regimen requires a liberal use of foods that furnish that element. Wine at dinner and a full meat diet, with malt extract and iron, deserve especial mention.

DYSPEPSIA.

The natural food of infants is the same all the world over. After weaning, the opportunity is first offered for that variety in diet which results from the development of individual temperament, from the varied social conveniences, and the family- or race-customs. This diversity increases up to adult life, being most marked in a high civilization, which, while it cultivates individuality of taste, is enabled by wealth and the exchanges of commerce to supply the greatest number of food-substances. The range of material and variety of combination in the dietary which Americans of average digestion find suitable are almost limitless. These different habits of eating have contributed to induce smaller corresponding differences in the power of digestion, expressed in the proverb "What is one man's meat is another's poison." It has, however, been observed that in sickness nature falls back upon her first principles, and a careful study of these reveals that there is something like a uniform law of diet for enfeebled digestion. For the indigestion of a babe six months old the best diet is one like that provided by nature for the healthy younger infant. Milk diluted according to this rule is found to be more suitable to the impaired or perverted digestion than the diet proper to it in health. When the power of digestion is seriously weakened in the adult, it can be predicted with some certainty that, no matter what peculiarities have been a part of the habitual diet, the dietary natural to a healthy child will be found suitable.

Experience teaches that what can be digested by the sensitive stomach and bowels of a teething child is usually assimilated without discomfort by the dyspeptic adult.

If moderate quantities of stale bread and milk, taken at regular intervals, be found unfit, then milk alone may answer. Not infrequently dairy-milk alone will disagree and be found to sour on the stomach, forming hard curds that overtax it. Doubtless, if human milk could be had, it would prove the most easy of digestion, as it is the most primitive of foods. In lieu of it, the mixture of dairy-milk with barley-water, oat-meal water, or lime-water will answer here as it does for the spoon-fed babe, and for the same reason.

It is a time-honored plan of practice in cases of irritability of the stomach and bowels due to temporary indigestion, after about six hours' freedom of the stomach from all labor, to begin feeding with tablespoonful quantities each of milk and lime-water, at intervals of half an hour. After a variable time, a tumblerful of milk with a wineglassful of lime-water or barley-water may be taken every three or four hours. At times we meet with persons who can not take milk in any form. Our alternatives are barley-water alone, thin oat-meal or corn-meal gruel strained, meat soups and teas, and oyster broth.

In acute or *temporary indigestion* careful observance of this plan for a day or so will generally enable the invalid to resume a more substantial fare with restored energy. Taking each new step with calculation by stages measured in hours, days, or weeks, according to the gravity and persistency of the symptoms, the ordinary regimen can at last be taken up. As the stomach evinces growing working capacity, broiled or roasted game, fowl, mutton, and beef, soft-boiled eggs, and mealy potatoes well roasted may be added. When the acute symptoms have subsided we may have still to deal with a dyspeptic habit of many years' growth.

This *permanently weak digestion*, due generally to a defect in the nervous energy that maintains organic movement and the supply of dissolving juices of digestion, is producible by abuse with unwholesome foods, change from an active to a sedentary life, excessive mental strain, organic diseases, nervous exhaustion, inherited weakness in the apparatus of digestion, overfeeding, underfeeding, and affections which lower vitality generally, such as malarial, scrofulous, tuberculous, and syphilitic conditions of the system. If the intimations of weakness and sluggish action in the digestive process which nature gives are not understood or are disregarded, *chronic dyspepsia* ensues. For this it is nec-

essary not only to remedy the cause of the defect, but also to frame a rational dietary adapted in some degree to the previous habits of the individual. He may have learned by many experiments his own limitations, and needs only to have his judgment confirmed and resolutions of abstinence fortified by the positive injunctions of the doctor. Again, there are others who, although observing themselves with painful scrutiny, yet fail to get true views, and innocently misreport the case. It is not always easy to persuade the latter class to renounce pet theories and subject themselves to a dietary framed on new principles.

In the absence of trustworthy reports from the invalid, it is convenient to have ready a simple and nutritious dietary which, having acted well on similar cases before, will probably be digested without difficulty in the one under consideration. The following directions will be applicable to the majority of dyspeptics, who can take solid food without pain, but who suffer from water-brash, heartburn, sour stomach, sense of distension and drowsiness with dull headache after eating, flatulency, irregular action of the bowels, and the nervous symptoms commonly called "biliousness." By regular and moderate supplies of mixed food of easy solubility, we expect to furnish sufficient nutriment that will not leave an unwholesome residue of partly-changed food to irritate and impede the organs of digestion. Let the dyspeptic take three meals a day at regular hours. For breakfast and dinner, some kind of easily-digested meat, but none at supper, which should be served three hours before bedtime. It takes about five hours for the stomach to rid itself of a meal of mixed food, and any interference with its natural course by eating between meals hinders its perfect work. Let him stop short of the quantity which distends the stomach or which brings on a drowsy and oppressed feeling. As a typical regimen, it may be advised that the flesh-former of breakfast should be broiled beefsteak or mutton-chop or chicken, or egg, soft-boiled or poached; butter, with stale white or brown bread, and tea or coffee or milk will complete it; at the midday meal, roast beef or mutton or fowl or game or oysters, mealy potatoes, and stale bread or crackers; at supper, tea or coffee or milk, with stale bread.

It is the oft-repeated experience of athletes in training, who use the above dietary, that when it is joined to regular exercise all indigestion, bowel-troubles, palpitation

of the heart, and nervous dread speedily disappear. If a brain-worker, in practicing this regimen, finds that meat at the midday meal impairs the mental ease and clearness so desirable during working-hours, he can make a lunch of bread, ripe fruit, and potatoes, and take the meat at supper.

As a rule, dyspeptics are made uncomfortable by chocolate, which is very rich in fat and sugar; by smoked, salted, or fried meat of any kind, especially by pork, by twice-cooked hash, by salads, by hot bread (unless it be a light corn bread), and by pastry and sweetmeats.

It will be understood that this plan is "rough and ready," and will frequently bear considerable modification. At the outset, some can not take tea or coffee and others can not take milk. Much latitude can be given if it does not conflict with the individual experience. It may include fish, ripe fruit, tender peas, beans, lettuce, and tomatoes when there is no complaint of flatulency. A very concentrated diet, or one made of substances so perfectly digestible as to leave but little residue, induces constipation. To counteract the habit of constipation, brown bread and a trade article called the "Graham cracker" may be eaten at each meal. Unless forbidden by previous experience, a good corrective may be found in cracked wheat and oat-meal mush for breakfast, boiled for several hours, so as to make a coherent jelly permeable to the saliva.

Alcoholic drinks in this country are not commonly used as foods. Prescribed at dinner for a particular indication, they will sometimes fill a place for which we have no other adequate resource.

ULCER AND CANCER OF THE STOMACH.

When the taking of solid food is difficult or distressing, as in chronic gastralgia, in organic diseases of the gullet, stomach, or intestines, also in chronic enteralgia and diarrhea, it may be necessary to confine the dietary to liquids. In the cases that can bear it *the milk diet* lessens discomfort and sometimes works a cure of maladies not incurable. It is usually best, for the first few days at least, to give one fourth part lime-water or thin oat-meal gruel or barley-water. When this dilution can be dispensed with give milk alone. At first half a tumblerful is given every four hours, to be increased in quantity if the invalid will bear it. Milk unskimmed may cause indigestion, which removal of the cream would obviate. Constipation can be

corrected by a cup of coffee or a teaspoonful of salt in a tumbler of water taken in the morning, or by simple enemas. Some wasting must be expected, but soon the limit is reached, and sometimes after that a gain of flesh accrues. If marked physical weakness occurs, prescribe rest in bed; and instead of exercise, shampooing of the body. Some invalids will take without harm or loathing six pints of milk a day, though the capacity seldom exceeds a pint four times daily.

The time for suspension must generally be determined by the effects upon the disease. It is best done by degrees, as is the custom in weaning a child. An approved method is as follows: After several weeks of absolute milk diet, for one week stale bread is sparingly allowed; during the next week beef or mutton once a day; in a few days mealy potatoes; all in moderation, as milk is still for some time to be the chief food.

Dr. Cheyne, with benefit to his declining strength, at the age of fifty-five adopted a diet of three pints of milk and six ounces of crackers daily, to which he restricted himself during sixteen years of a laborious practice.

In this class of diseases it is often impossible or decidedly injurious to give even milk by the mouth. We have the alternative of *feeding by the rectum*. It is now established that by this means food is assimilated and life sustained indefinitely. When practiced systematically for a chronic disease it is well to pass the fluid food high up to the colon by attaching a large-sized flexible catheter to the ordinary syringe. At the beginning, but not afterward, simple enemas are used to clean the bowel. Inject about a wineglass of tepid milk every four hours, till growing tolerance will allow a half pint or a pint at the same intervals. If the bowels are irritable put from five to ten drops of laudanum in each injection. Firm pressure made with a towel over the anus for about ten minutes will aid in their retention. In chronic cases the milk dietary should be varied with beef essences and vegetable soups strained, with malted gruels, with peptonized meat-juice, and with alcoholic stimulants when the symptoms call for them.

SCURVY.

Easy bleeding of the gums, debility, neuralgic pains and other signs of a depraved condition of the blood are the results of continued abstinence from succulent vegetables. The prevention and the cure depend mainly on a due supply of these.

URINARY AND RENAL DISEASES.

In *inflammation of the bladder, Bright's disease of the kidneys, and albuminuria of pregnancy* an exclusive *skim-milk diet* has been highly praised by eminent authorities. A good report has followed its use as a diuretic in dropsies and as an alterative in degenerations not only of the kidneys but of the liver and the heart. If the invalid will persist according to the method described under Ulcer of the Stomach, it is believed that the most serious organic affections can be favorably influenced by it. At the same time alcoholic stimulants are to be interdicted.

DIABETES MELLITUS.

It is to diet more than to drugs we must look in dealing with this formidable disease. Great comfort is experienced by the use of sour buttermilk as a beverage. The buttermilk contains no sugar, but lactic acid instead; it slakes thirst, supports strength, and introduces an excellent medicine beside. Dr. Donkin reports some cures after ten or twelve weeks of exclusive *skim-milk diet*.

Life may be prolonged and the symptoms much ameliorated by another dietary, which makes meat the chief fare, excluding starch, sugar, and the foods that contain them. It may include meat, fish, eggs, butter, tomatoes, lettuce, cabbage, celery, greens, buttermilk, tea, coffee with cream but without sugar. The forbidden foods are sugar, sweet victuals, bread, beets, potatoes, sweetmilk, peas, and beans. When the craving for bread is very urgent gluten and almond bread, or one made of well-washed bran, may be sparingly allowed. The quantity of food must be regulated, as an excess even of meat may aggravate the distress. Bouchardat found in a number of diabetic persons that the spare diet occasioned by the Paris siege did more toward relief than the most carefully regulated regimen interdicting sugar and starch but permitting a free indulgence in other victuals. It has been suggested that *semi-starvation* may be the cause of the favorable changes in diseased nutrition observed during the *skim-milk* regimen of this and the other maladies before mentioned.

DISEASES OF THE HEART AND VESSELS.

For *fatty degeneration, cardiac dropsy, the palpitations* due to organic disease, and *aneurism* a low diet and much rest in bed are indicated. Evidence is not wanting to show that the prolonged *milk diet* has been of great service in these affections.

CORPULENCE.

This is susceptible of decided reduction by abstinence from fatty, saccharine, and starchy substances when joined to a course of active exercise. If the excess of flesh is a source of inconvenience the following regimen, based on that of Mr. Banting, may bring it within bounds. For breakfast, lean meat, except pork or veal; tea or coffee without milk or sugar; a Graham cracker or bit of toast without butter: before dinner, exercise to the point of free perspiration: at dinner, fish or fowl or meat, excepting pork or veal; any vegetable excepting the starchy roots; a Graham cracker, claret or dry sherry wine: before tea, active exercise and a good sweat: for tea, cooked fruit and toast, or a couple of Graham crackers without butter; tea or coffee without sugar or milk. Exercise before bedtime. Where obesity is a concomitant of ill health, as in anemia, nervous disorders, and dyspepsia, great relief is afforded by the above regimen, or by the skim-milk diet and massage followed by tonics. When it is inherited, and not associated with ill health, the above dietary if persisted in may give great distress. As soon as this appears it must be discontinued, and the unwelcome but wholesome truth should be told, namely, that a plain and regular fare, with abundant exercise, will do all that is needed for health, of which the corpulence may be a necessary condition. Accumulations of fat are not generally a sign of disease, but rather of a reserve of energy and substance, ready for the hour of need.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

The Meeting of the British Medical Association at Cambridge—Ancient Abuses of the Universities—Dr. Acland's Sinecure Pluralities—The Medical Student and the Dodo—The Address of Mr. Timothy Holmes, his Position among Surgeons, and Personal Characteristics—The Past and Present Plan of Knee Excisions in Surgery—Eulogy of Ferguson—Amputation Statistics—Disadvantages of the Poor in Treatment of Joint-disease—Prof. Bradbury on Instruments of Precision.

The season here has just closed with the annual meeting of the British Medical Association. It was held this year at Cambridge under the presidency of Professor Humphrey, and passed off with singular success. The place and occasion were in-

teresting, and the presence of "all the Barons"—Jenner, Paget, Gull, Burrows—as well as Henry Thompson, Spencer Wells, Savory, Andrew Clarke, J. Hutchinson, Lister, Bowman, and others gave special distinction to the meeting. It was, too, not without its dramatic incidents, some of which were foreseen when the meeting was planned, but others were in the nature of stage accidents which produced startling effects. The meeting was planned by Mr. Ernest Hart with the special view of a campaign which he has been carrying on for the last few years against those professors and clerics who have for so many years excluded medicine from the University of Oxford. At Cambridge Prof. Humphrey has for several years fought a gallant and pretty nearly successful battle against the monastic traditions of the University and the clerical sect which has monopolized so long the wealth, the prestige, the great traditions, and the great influence of the older universities of England. Founded by pious nobles who bequeathed their wealth to monkish executors, a large number of the colleges were in their origin essentially clerical. Many others, however, were established lately with an especial reference to the promotion of secular learning. Lee, Radcliffe, Lineacre, and Caius, among physicians, left great wealth to the universities in order to establish there seats of medical and biological teaching. Oxford possesses revenues amounting to upwards of \$80,000 annually, which were originally exclusively intended for the benefit of medical students. She has a "physic garden," endowments in human anatomy and human physiology, and professorships of medicine, all of which were intended to create a center of medical teaching. The efforts of the great physicians of the past have, however, been frustrated, first by the bold advance of the head-masters of colleges and of public schools, who have diverted these endowments to the purposes of the classical and mathematical training of Church-of-England students, and next by the more insidious but not less dangerous proceedings of some of the modern professors of Oxford, devoted indeed to what they conceived to be medical interests, but possessed of the strange notion that medical teaching at Oxford ought to pursue quite different lines to that which it pursues elsewhere, and that only fancy subjects should be taught there, and only fancy professorships of comparative anatomy, international public health, and the like should exist there. Dr. Acland

has now for thirty-five years held a professorship in medicine and in clinical medicine, with large salaries attached, and yet during the whole of that time he has never given one lecture in medicine or one lesson in clinical medicine. Prof. Rolleston has for years held the post of Lineacre Professor of Human Anatomy and Physiology, but he has never once given a course on human physiology or human anatomy. He teaches comparative anatomy, he wanders into archaeology, the anatomy of the prehistoric pig, and his specialties of Celtic and Saxon interment; but at Oxford at the present moment a medical student is a greater rarity than the dodo in the Ashmolean Museum. These facts have now been indignantly brought before the profession for the last three or four years by Mr. Ernest Hart and Prof. Ray Lankester Fry with downright candor and fearless denunciation, which are producing great effect at Oxford, and have already led to the appointment of committees which are the prelude to reform. Meantime it was a great thing to bring the profession to Cambridge and to show that at Cambridge that which Acland and Rolleston declared to be impossible is done. The ground on which they based their opposition to the teaching of medical science in Oxford is, that having only one hospital of two hundred beds seated in a city which is not the center of a great population or of great manufacturing operations, the supply of cases would not be adequate; and moreover that a university should give merely a liberal education, and should not qualify for a profession. It is obvious that the first objection applies only to the last year or year and a half of medical study, and that any rate out of a five-years' course for the first three years a university such as Oxford or Cambridge, with its immense resources for teaching the sciences ancillary to medical practice and its admirable traditions and influences, would be the proper centers for teaching all those students who aim at a liberal education and at the *status* which it subsequently gives. At Cambridge the profession have seen in Addenbrook's Hospital, which is smaller than the Radcliffe Infirmary at Oxford, and in a university which is less wealthy, a school including at the present moment one hundred and fifty working medical students and provided with physical and physiological laboratories such as do not exist elsewhere. Moreover, to make the lesson still more emphatic, Dr. Acland, who for some time had left the Association in disgust at the attacks

which had been made upon him in the journal of the Association, was offered the bait of the Presidency of the Public Health Section and swallowed the hook. His presence emphasized the meaning of the meeting very strongly; and it must be confessed that the various orators and speakers did not fail from time to time distinctly to let him understand the moral which he was intended to point and the lesson which he had to learn. Humphrey, Holmes, and Henry Thompson carefully dotted the i's. Prof. Humphrey opened the meeting with an address on University Medical Education, and although, as in duty bound, he was very tender with his Oxford colleague, and carefully blunted his arrows with words of courtesy, still when he showed how greatly Cambridge had neglected her duty to medicine in the past, how earnestly she is trying to fulfill it in the present, though as yet imperfectly her meed had been done, and what remained to be done, the arrow went home. The address in Surgery was given by Mr. Timothy Holmes. Holmes is surgeon to St. George's Hospital, the author of the well-known system of surgery, and a distinguished graduate of Cambridge. There are very few graduates of Cambridge, or indeed of any of the older universities among the London surgeons. Somehow it appeared for many years to be considered that graduates of a university ought to be physicians, and that there was no need for surgeons to have much book-learning or much cultivation outside the mechanical parts of their art and a thorough knowledge of anatomy. Hence surgeons have always been notoriously less literary than physicians, and the traditions of the barber-surgeon, who until the beginning of the last century represented the other side of the profession, have been continued almost to the present day. It is only until within the last thirty years that a surgeon was expected to pass any sort of literary examination in England before entering the profession. The old examination at the College of Surgeons (Lincoln's-Inn-Fields) consisted only of a *viva voce* after-dinner discussion between the candidate and his examiners on the elements of anatomy and its applications to surgical practice. He was not examined in medicine, in materia medica, in midwifery, or indeed in any thing except surgery and anatomy; and even in these there were no practical examinations on the subject, no demonstrations, but only a verbal examination lasting an hour. All this is changed now, and surgeons, like physicians, are expected

at least to be able to spell more or less badly, to know something of arithmetic, a little French and less Latin before they enter upon their studies; and subsequently they are examined in medicine as well as in surgery, although still only imperfectly in the medical subjects. Usage, however, requires a hospital surgeon now to be a well-educated person, and Mr. Holmes is not without numerous younger rivals who can boast, like himself, of a degree in arts as well as in surgery. His appearance in the orator's pulpit in the Senate Hall in the red doctor's gown was greeted with much enthusiasm, and he did not fail to say a few words congratulating Cambridge on having taken steps toward becoming a home for medical and surgical teaching. His address was characteristic. Among all the London surgeons it would be difficult to find a more thorough type of the educated John Bull. Of firm and handsome features, with somewhat of the look of a naval Wellington, bluff in manner, short and quick in speech, independent in his views, and having amply the courage of his opinions, Mr. Holmes is a very individual figure among English surgeons. At the College of Surgeons he has opposed himself more than once to the most powerful majorities, and lately he resigned his office of examiner, with valuable emoluments, rather than continue it under the new system which has decreed a separation of the functions of examiner in anatomy and surgery. Holmes contends that a good surgeon must be a good anatomist, and that surgeons best know how anatomy should be taught and how the examinations in it should be conducted. He energetically opposed giving up the examinerships in anatomy to the younger men, who contend that they know best as specialists how to test the knowledge of the men whom they teach, and when finally out-voted he withdrew from the board of examiners. In the same way he has with great public spirit identified himself with a movement of which I shall have more to say to you, which is rapidly spreading here, for introducing among the working classes a system of insurance against sickness known as the Provident Dispensary System, which aims at substituting a very small weekly payment, say a penny a head per week for each member of a family continuously and during health in lieu of regular fees to a doctor when sickness comes. The object is to induce the working classes to treat sickness not as an unexpected contingency for which no pro-

vision can be made, and which is now dealt with by the aid of hospitals and charity when it comes as best it may, but to provide for it in time in a manner which shall not be burdensome, and thus to withdraw from the hospitals the flood of out-patients who now receive gratuitous advice. Opinions are much divided as to the probable benefits of this system, many general practitioners believing that people in prosperous circumstances would avail themselves of this cheap doctoring, and thus the profession will lose more than it gains; while on the other hand those who now flock to the out-patient department of a hospital to get their advice free will continue to do so. Holmes held steadfastly to the belief that provident dispensaries will play a great part in the improvement of the social position of the poor and in strengthening the position of the medical man, in protecting him against the pauperizing action of the out-patient department of hospitals and infirmaries; and in this I agree with him. He has, however, at present a hard battle to fight against the prejudices of the general practitioners—a class whom consulting surgeons in his position commonly fear to offend and are loath to oppose.

With characteristic courage Holmes, although he has every thing to lose and nothing to gain by the independent position which he has taken, stands to his colors, and at the present time is chairman of an important committee for the purpose of introducing the provident system. His manliness makes him popular, and when he rose to deliver his address he was greeted with enthusiastic cheers. He took for his theme, characteristically enough, a thoroughly English subject. Last year Dr. Hudson selected as the subject of his address on medicine *The Works and Career of an Eminent Frenchman, Laennec*. Holmes chose this year *The Life and Works of the Illustrious Englishman, Sir William Fergusson*. He discussed with great mastery of details the subject of *conservative surgery*, which Fergusson had done so much to advance, and especially the surgery of the joints in cases of disease. He pointed out that excision has during the last twenty years been much less employed in active disease of the knee, but more frequently in chronic disease in lieu of expectant treatment and for the relief of severe ankylosis. Mr. Holmes finds reason to doubt the permanency of the cure obtained by incision of the joint and drainage and other partial methods which have lately been fa-

vored with the view of limiting the sphere of excision. He divides surgeons at present in relation to their opinions on this matter into those who rarely perform excision because they use it chiefly or wholly as a substitute for amputation, and those who apply it more frequently than even Fergusson himself, because they use it as a substitute for the expectant treatment. His tables show that excision is on the whole much less extensively practiced of late years, although eighty-nine cases occurred at Guy's during the last five years and sixty-two at St. Thomas's. In these large hospitals excision is employed more as an operation of expediency than of urgency, and rather to supersede expectancy in treatment than as a substitute for amputation.

A great diminution of mortality has of late attended the performance of excisions of the knee, the reduction during the past ten years—comparing Holmes's tables with those of Swain in 1869—being not less than from twenty-four to about nine and a half per cent. Holmes is not a strict follower of Lister. His mind is far too conservative to swear by any master or readily to adopt any new doctrine. Nevertheless he points to the great results attained, inasmuch as of one hundred and thirteen cases of excision performed antiseptically at two hospitals seven only were fatal. The mortality in Fergusson's case was fifteen in forty at the time he delivered his lectures in anatomy and surgery, toward the end of his life.

The rest of Mr. Holmes's oration was devoted to the study of excisions of the hip, and there he showed in forcible and pathetic language how great a disadvantage the poor suffer owing to their inability to give rest. Thus he produced a list showing that at seven hospitals two hundred and fifteen excisions of the hip and two hundred and forty-five of the knee had been performed in five years, while the total number of such operations performed in private practice in the whole country during that period was less, he believed, than a dozen; and yet every one would agree that the treatment of this disease is far more successful in public than in private. It is clear, he urged, that the treatment of chronic diseases among the poor can not be in any way satisfactory till such diseases are treated at home, and they never can be so treated until the overcrowded out-patient departments of the hospitals are abolished and a system of home treatment of the poor is provided under suitable conditions.

The address in medicine was delivered by Dr. Bradbury, a resident at Oxford, who took for his subject *The Progress Effected in Medicine by the Use of Instruments of Precision*. By instruments of precision of course he meant the microscope, the thermometer, the ophthalmoscope, the laryngoscope, the sphygmograph and electric apparatus, and he viewed the progress effected during the past ten years. The subject is one of great modern interest. The term instruments of precision was, I believe, first introduced by the Emperor Louis Napoleon, who applied it to the science of gunnery; and in medicine it is, as far as I know, to Dr. Wade, of Birmingham, that we owe the first use of the term. I am afraid I shall not have space today to enter upon this wide field, but may subsequently review a part of Dr. Bradbury's speech.

A QUESTION OF ETHICS.

To the Editors of the Louisville Medical News:

Please give us your opinion upon the following instances of what seem to us very unprofessional behavior:

CASE 1.—Mr. A. feeling bad, and happening to be near Dr. —'s office, who is not his family physician, steps in and gets a prescription. In an hour or two, at a public gathering, Mr. A. grows so much worse that a great many persons are alarmed at his condition. The family physician being present is first called by Mr. A., and some friend of Dr. — calls him also; and instantly, his office being near, he runs over and gets medicine for Mr. A. The patient is taken home and the family physician accompanies him, and while making a thorough examination in steps Dr. —, and commences to give directions to the patient. *Exit family physician.* The patient did not then, before, or now consider Dr. — his family physician.

CASE 2.—Dr. B. made a motion in the county society that we, as individual members of the said society, *will not* bid for the pauper practice. It is carried; and just as soon as the county commissioners meet this same Dr. B. puts in a bid for the practice, contrary to the motion that *he* made and was carried by the society.

INDIANA.

[The conduct of Dr. — was excessively improper. It was a direct violation of medical and all other ethics. He should be expelled from your county medical society, and no physician should consult with him

until he has made an ample apology for his ill behavior and a promise of future good conduct. The family physician's withdrawal under the circumstances was unwise as to himself and unjust to his patient. It was quite too lamblike.

Dr. B.'s course is an extraordinary piece of trickery for a doctor to be guilty of. His case should be promptly brought before your county medical society, and, if proved, his expulsion would be unavoidable.—EDITORS NEWS.]

Reviews.

A New School Physiology. By RICHARD J. DUNGLISON, A. M., M. D., author of the *Practitioner's Reference-Book*; editor of *Dunglison's Medical Dictionary*, *History of Medicine*; secretary of the *American Academy of Medicine*; etc. Illustrated by one hundred and seventeen engravings. Philadelphia: Porter & Coates.

The name of its author is a guarantee of the honest character of this book. If it is wise to teach physiology in the schools, this is as good a text-book as could well be prepared.

The Brain as an Organ of Mind. By H. CHARLTON BASTIAN, M. A., M. D., F. R. S., Professor of Pathological Anatomy and of Clinical Medicine in University College, London; Physician to University College Hospital and to the National Hospital for the Paralyzed and Epileptic. With one hundred and eighty-four illustrations. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1880.

The lovers of serious, solid reading will find this book to their taste. All physiologists, alienists, and neurologists should read it. It is severely scientific.

Books and Pamphlets.

DIAGNOSIS OF MALIGNANT TUMORS OF THE UPPER JAW IN YOUTH. By L. McLane Tiffany, M. D., Professor of Operative Surgery, University of Maryland. Reprint from *Transactions of the Medical and Chirurgical Faculty of Maryland*, 1880.

THE YELLOW-FEVER QUARANTINE OF THE FUTURE, BASED UPON THE PORTABILITY OF ATMOSPHERIC GERMS AND THE NON-CONTAGIOUSNESS OF THE DISEASE. Read at the Seventh Annual Meeting of the American Public Health Association, at Nashville, Tenn., November 20, 1879. By Henry F. Campbell, A. M., M. D., Augusta, Ga., Chairman of the Committee on Endemic, Epidemic, and Contagious Diseases, in the Board of Health of the State of Georgia. Reprint from Vol. V *Public Health Papers of the American Public Health Association*.

Miscellany.

DEATH OF PROFESSOR HEBRA.—Dermatologists and the medical profession generally will learn with sincere regret (*Med. Press and Circular*, August 14th) that the great master of that branch of practice dealing with skin-diseases is now no more. Hebra, who has been made familiar to the English reader by the wise liberality of the New Sydenham Society in reproducing his great Atlas, placed the study of dermatology on a secure footing, by arranging a classification of the diseases of the skin, that has been the basis of all subsequent work in the same direction. His bright example, however, has stimulated a small army of specialists, who are following worthily in the footsteps of their great leader; and we in England can reckon more than one who, while counting as disciples, are yet co-equal with Hebra in the magnitude of their contributions to dermatological science. It is they who will feel his death; it is these and others with them, also, who can effect that his loss will not result in injury to the pursuit he so fondly cherished.

FEARFULLY IMPORTANT.—“The bacteria are divided into four tribes, and these again into one or more genera, as follows,” writes Dr. W. F. Whitney, of Boston, in the *Boston Med. and Surg. Journal*: “Tribe I: Spherobacteria (round bacteria); genus 1, micrococcus. Tribe II: Microbacteria (rod-like bacteria); genus 2, bacterium. Tribe III: Desmobacteria (thread-like bacteria); genus 3, bacillus; genus 4, vibrio. Tribe IV: Spirobacteria (screw-like bacteria); genus 5, spirillum; genus 6, spirochæte.”

CALCUTTA.—Cholera has been prevalent in Calcutta during the hot weather of 1880 less than in any year since 1872. It is a remarkable fact that the rate of cholera-deaths among sailors in the port of Calcutta is higher than among the inhabitants of the town. These ratios are 5.93 and 2.63 per thousand. Fatal injuries are sometimes as common among sailors; smallpox, fever, and bowel-complaints are more deadly in the town. The mortality among seamen living afloat in the port of Calcutta was, in the year 1879, fifty-four per thousand, while the death-rate of those living ashore was only twenty per thousand. The former is a terrible rate for adult males, whose physical health must, from the nature of their calling,

be good. The excess of deaths afloat is attributed to the influence of the foul water on which they live, and exposure to night-air. It is satisfactory to observe that only thirteen cases of scurvy presented themselves among sailors in the year 1879. The quality of lime-juice carried in ships was found to be good, and its use common.—*Indian Med. Gazette*.

THE INTERNATIONAL MEDICAL CONGRESS. The work of organization in the different sections in connection with the meeting of the International Medical Congress in London next year is being vigorously pushed forward, and on all hands the most cordial coöperation is being met with by the committee. A large number of foreign magnates eminent in medicine and surgery have signified their intention to be present at the demonstration, which promises to be the most brilliant ever made in connection with the profession. The expenses attending it will be necessarily large, and it is gratifying to know that subscriptions toward meeting them are fast coming in. The deep interest taken by the Queen and the Prince of Wales in the progress of research has been shown by the personal anxiety they have exhibited that the best possible arrangements may be made to insure the perfect success of the meetings of the Congress.—*Med. Press and Circular*.

AN EPIDEMIC OF DEMONOMANIA.—Outbreaks of demonomania are so rare in the present age that the subject has almost fallen outside the consideration of writers on public health. We note with considerable interest an account of an epidemic of demonomania reported by Prof. Léon Colin in the July number of the *Annales d'Hygiène Publique* (*Lancet*). The epidemic occurred in an isolated, remote spot of the district of Tolmezzo, Udine, North Italy, at the beginning of 1878, and the characteristics of the outbreak of earlier periods were repeated in every respect. The starting-point was a case of simple hysteria in a female, dealt with by ignorant priests as a case of “demoniacal possession,” and in the end eighteen cases, fifteen of ages varying from sixteen to twenty-six, and three of the respective ages of forty-five, fifty-five, and sixty-three years, were cultivated. The intervention of the authorities and of a proper medical staff, when information of the outbreak reached Udine, quickly put a stop to the extension of the malady and brought it to an end.

Translations.

[By L. S. Oppenheimer, M. D.]

Carbolic Acid in Smallpox Eruptions.—Dr. Lucas-Championnière stated to the Société de Chirurgie that he has prevented the appearance of variola pustules in a number of cases by the application of a mixture of carbolic acid and vaseline. The proportions are not mentioned.—*Le Progrès Medical*.

Treatment of Hydrarthrosis.—Dr. Paquet, of Lille, treated twenty-two cases of hydrarthrosis of the knee-joint, subacute and chronic, by immobility and faradization. He says that sixteen of these were cured permanently in from eight to twenty-five days.—*Ibid*.

A Means of Prophylaxis in Diphtheria.—Dr. Gellé's communication on this subject refers to the prevention of the disease by proper school sanitary measures. He says diphtheria finds in the schools its readiest method of contagion and extension. He finds that in the examination of the nasal and pharyngeal mucous membranes symptoms of the disease present themselves before a decided outbreak occurs. This has led him to examine daily the throats of all the children in the school for a reasonable time after the outbreak of the disease, and to send away those with the slightest signs of the trouble, and keep them away until the danger is past. In this way he claims to have reduced the number of cases occurring in his vicinity very materially.—*Ibid*.

Cancerous Infiltration of the Heart.—At a meeting of the Société Anatomique Dr. Barthelemy reported the histories and autopsies of two cases of this kind. In one the original tumor was situated in the pylorus, extending to the duodenum and gall-bladder. Three cancerous foci were found in the walls of the right ventricle. No symptom of cardiac derangement existed during life. The second case was one of cancerous disease of the pancreas. Although the patient had suffered from time to time from palpitation, irregular pulsations, etc., these were believed to be entirely functional disturbances. The autopsy revealed cancerous infiltration of the right auricle and of the posterior valve well advanced.—*Ibid*.

Anesthesia with Bromide of Ethyl.—Dr. Terrillon has just finished a series of clinical experiments with this drug. His conclusions are about as follows: It requires from one to three minutes with proper inhaling apparatus for the patient to become anesthetized. The period of excitement comes on in from two to four minutes. The clonic convulsions of chloroform are substituted by tonic convulsions. The face, neck, and upper part of the trunk are extremely congested, and covered with more or less abundant perspiration. The pulse is always accelerated, and beats proportionately faster as the dose is increased. The respiration is not materially affected. The pupils are never contracted. If the exhibition of the drug be pushed, increased violent congestion of the face, stertorous breathing, increase and accumulation of mucus in the pharynx provoking *regurgitation*, which must not be confounded with vomiting. If the anesthesia be interrupted, the awaking is very quick, forty to fifty seconds usually sufficing. In conclu-

sion, Dr. T. prefers bromide of ethyl to chloroform because of the comparative absence of danger in the former.

Drs. P. Berger and Charles Richet differ with Dr. T. in some points. The latter gentlemen have made some experiments with the ethyl bromide upon dogs and rabbits, and each time the animal has died just at the point of complete anesthesia; besides, the tendency toward vomiting is much greater than with chloroform. In brief, it is inferior to the latter in every respect.—*Ibid*.

Selections.

Aphorisms on Infantile Management and Medication.—From Dr. Amie M. Hale's little book on The Management of Children:

Of one thousand children born, one hundred and fifty die within twelve months. At fifteen years of age six hundred and eighty-four remain of the thousand.

The daily increase in weight of a normally-developing infant amounts to from a quarter of an ounce to three quarters of an ounce.

I consider bathing as the grand arcanum of supporting health, on which account, during infancy, it ought to be regarded as one of those sacred, maternal duties the performance of which should upon no account be neglected for a single day.

During the entire period of infancy and childhood the hair should be kept short. . . I have never seen softer, better hair than on girls who have had it cut short, like that of school-boys, until they were in their tenth year.

Every article of dress worn during the day should be changed on retiring to rest.

The milk of the mother or of a healthy nurse is the natural and only proper food for an infant. Nature does not afford nor can art supply any substitute. In the asylums for foundlings and young infants, where feeding by hand has been substituted for the natural nourishment, the mortality has been most appalling. As high as ninety per cent of the infants have been destroyed.

Never was there a more absurd or pernicious notion than that wine, ale, or porter is necessary to a nursing-woman in order to keep up her strength, or to increase the quantity or to improve the nutritive qualities of her milk.

Children should not be allowed to eat frequently between meals. . . The child should be accustomed to partake of food only at regular periods.

As a general rule, sugar should be given to children rather as an addition to less palatable articles of diet than as the principal food.

By a healthy child, nearly all the saccharine fruits, when perfectly ripe and mellow, may be eaten in moderation with perfect safety.

Man should be submitted from his cradle to the laws of hygiene, so as to strengthen his constitution if it is good, and in order to improve it if it is bad.

A woman who nurses should give the breast every two hours at least, every hour at most.

Between eleven o'clock in the evening and six in the morning a good nurse only suckles the child once.

A milk too rich, too much charged with solid elements, in a healthy nurse is indigestible, and causes diarrhea.

Whatever may be the cause of the alteration in the composition of the milk, the result is always the same to the children. The symptoms which become developed are always seated in the alimentary canal, and diarrhea is always the consequence of it.

The change of nurse has no inconvenience, if a bad one can be replaced by a better.

Fatty food is hardly suitable until toward the end of the first year.

The period for weaning should be fixed between twelve and twenty months.

Weaning is commenced by ceasing to give the breast during the night.

The head should be washed with the greatest care, and it should be gradually cleansed from the scaly substance which covers it.

The most intense fever, with restlessness, cries, and spasmodic movements, may disappear in twenty-four hours, without leaving any traces.

A child that has rapidly lost its plumpness, whose flesh is soft and flabby, has had and is probably laboring under diarrhea.

A violent fever dries up the secretion of tears.

A sudden and rapid convulsion, unattended by fever, is not at all dangerous.

Fresh air, cold, and the sprinkling of the face with cold water are sufficient to ward off an attack of convulsions, but when once it has commenced they do not arrest it.

A sudden nocturnal attack of suffocation, accompanied by a dry, hoarse, hissing, and sonorous cough, announces false croup.

False croup, very violent at its commencement, diminishes in a few hours; whereas true croup advances without intermission, daily increasing in intensity.

Two or three fits of suffocation, less and less severe, with an interval of twenty-four hours, characterize false croup.

Inflammation of the alimentary canal of young children is preferably established in the large intestine, very seldom in the small intestine, and still more rarely in the stomach, and well deserves the name of entero-colitis, which I have applied to it.

Entero-colitis is the natural consequence of improper regimen of children, of bad milk of nurses, of alimentation from the feeding-bottle, of the premature use of solid food, whether fatty or otherwise, of multiplied indigestions brought on by the folly of some mothers.

Fever, vomiting, green, variegated or serous diarrhea, and emaciation combined with great softness of the integuments, announce an acute entero-colitis.

Children should not be allowed to sleep with persons advanced in age, nor with those of a broken-down constitution or who are laboring under any chronic disease.

When asleep an infant should be excluded from light and noise.

A young child should not be awaked from its sleep suddenly, nor by any rude motion or loud noise.

Infants should be gently handled. Pulling them about roughly, trotting, tossing, swinging them from side to side—all rude play of this sort does no good and may do harm.

A prudent mother, who is herself of an amiable and cheerful disposition, must perform but illy her duties as nurse, or she would seldom have cause to complain that her time is wholly occupied during the day, and her rest disturbed at night by the cries of a fretful infant.

Children, if properly trained from birth, are far more docile than the generality of parents are inclined to believe.

The common people of Italy are remarkable for beauty of face and symmetry of form. This has been attributed to the prenatal influence exercised upon the development of the child by the constant presence before the eyes of the mother of the pictures of the great masters and the noble sculptures of antiquity.

Pilocarpin in Intermittent Fever.—Dr. Gaspar Griswold, in the New York Med. Journal of August, highly commends this substance. He says:

Administered hypodermically, the drug acts more surely, more rapidly, more evenly. The dose required varies between one fifth and one sixth of a grain, according as the patient is large or below medium size. The following solution may be used:

R Pilocarpinæ muriat..... gr. j;
Aque destill..... ʒj.
M. Sig. M x = gr. $\frac{1}{4}$.

Like similar solutions of other alkaloids, this one begins to lose strength, and is no longer reliable, after standing two or three weeks in a warm room. One-grain powders of the drug may be kept for an indefinite time, put up by the druggist in a manner to prevent deliquescence. The above-mentioned solution can then be made fresh as occasion may require.

If the patient objects to hypodermic medication, or if circumstances render this method of administration inconvenient, the remedy may be given by the mouth, and yet act efficiently. In this case the dose will vary between one fourth and one fifth of a grain. It is best given in powder, as follows:

R Pilocarpinæ muriat..... gr. j;
Sacch. lactis..... gr. xxv.
M. Div. in chart. No. v.

These powders may be given to the patient, with directions when to take them.

To prevent the occurrence of a chill, pilocarpin should be given hypodermically about fifteen minutes before the time when it would commence. If given by the mouth, an interval of half an hour is desirable, on account of the slower action of the drug when administered in this way.

Sprains and Wounds.—Dr. Brinton says (Phil. Med. and Surg. Rep.) that to treat sprains the injured limb should be placed in hot water and boiling water be slowly added until the highest endurable temperature be reached. The limb is to be retained in the water a quarter of an hour, when the pain will have gradually disappeared.

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EDITORS.

It is probable now, while these cool September breezes are blowing and the thermometer sinks almost to the point of frost, that we may congratulate ourselves that the year 1880 will see no outbreak of yellow fever in the United States. We trust that proper efforts will be made to find out the causes of this exemption that they may be duly appreciated for the future. We throw it out in a sort of suggestive way to ask what quarantine has had to do for the matter. We have not heard that any more vigorous guard than usual has been kept at our seaports, and inland quarantine has cut no figure at all during the summer. We have learned an item or so, however, in regard to sanitary affairs in New Orleans and Memphis that may impress the not wholly prejudiced mind somewhat strongly. The Bayou Gayoso at Memphis has been cleansed of its years' accumulation of filth, and sewerage has been pushed vigorously on since the last visitation of the plague. In New Orleans also extraordinary efforts have been made to keep the city clean. It has turned out in some way or other that not only have these cities escaped the fever, but they have been singularly free of diseases of all characters. We hope the lesson will not be lost, and that those having the matter in charge will continue to look at home for the enemy, and not waste themselves in fruitless effort in border guards, which have proved dead failures.

In this connection we note an excellent article in the New Orleans States newspaper upon the drainage of that city. It is shown

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by the writer, who is apparently a competent engineer, that not only is it not difficult to drain New Orleans, as has been commonly believed, but that the situation of the city is peculiarly adapted for this purpose. It has sloping ground over a vast area of its river-front, and that part of it which inclines backward toward the swamp in its rear requires raising but an inconsiderable number of feet. There is in front of the city a deep and rushing river to receive the filth, and practical plans are suggested to fill the swamp by using the batture sands of the Mississippi and conveying them to their new location in semi-liquid state. It is an affair, to be sure, of some millions of money, but the increasing prosperity of the great southern emporium ought to be able before many years to command these. There certainly could be no better investment for New Orleans and the nation.

POISONED HAM AND HERRINGS.—This, from the London Lancet, is hard on Cincinnati, the "Paris of America." Of course it is only French Paris's jealousy and spite:

The French police authorities have forbidden the sale of imported hams known in the trade as "Cincinnati." The yellow material in which they are sewn is colored with a chromate of lead. It is also said that they frequently contain trichinæ. It has been found, too, that the golden hue so appreciated by amateurs of "bloaters" is often imparted to them artificially by purveyors of this delicacy. Analysis has revealed here again the presence of one of the most toxic chromates.

THE London letters from our special correspondent, which were interrupted for a while by his absence from London, will

hereafter appear from time to time in the NEWS. The first of the new series was published last week, and the second will be found in the present number. Aside from their charming newsiness, they are models of English composition, and must delight all scholarly readers.

PAPAW PEPSIN.—Now is the ripening time of the opossum's favorite fruit, the papaw. The papaw of the tropics is said to contain a pepsin equal to that obtained from pigs' and calves' stomachs. The digestive properties of our papaw should certainly be investigated.

Original.

REMARKS ON PROGRESS IN THE TREATMENT OF STRICTURE OF THE URETHRA.*

BY SIR H. THOMPSON, F.R.C.S.

Surgeon Extraordinary to His Majesty the King of the Belgians; Consulting Surgeon and Emeritus Professor of Clinical Surgery to University College Hospital; etc.

It may be in the recollection of some of us, perhaps, that a long and severe controversy was held on the management of stricture between authorities in London and the late Professor Syme, of Edinburgh, in which others also participated both in this country and in France.

The subjects then chiefly at issue were: 1. The value of caustic applications, which had long been used, and were at that time still much employed in the treatment of strictures which had proved rebellious to dilatation; and 2. The safety and efficiency of an operation for dividing the narrowed parts of the urethra by an adequate median incision carried through all the structures of the perineum, and involving the whole of the narrowed urethra. This operation was then warmly advocated by Professor Syme for obstinate and chronic examples of the disease, although the stricture might be permeable to instruments; indeed, that it should be so was a condition necessarily essential to Syme's operation. Perineal section had

long been an established operation for impermeable stricture, but it was a novelty to perform it when an instrument could be passed through the stricture into the bladder; and a cutting operation was then declared by many surgeons to be unnecessary, if not unjustifiable, in such circumstances. Both modes of treatment have now almost disappeared. Are we to infer that progress in the art of treating stricture has therefore been made—that some better substitute for the methods alluded to have been adopted in their place? The answer to this question I propose to consider.

On carefully reviewing the course which surgical inquiry and practice have taken during the period named, and without troubling you in this brief record with names and details which, necessarily familiar to myself, would unduly extend its limits, I think that it might be answered that progress has been made. The march of events in this, as in other matters, is not always in a right line, but rather in that of an advancing pendulum. With occasional devious movements, right and left of the *via media*, an undoubted advance is ultimately achieved. The most important changes in relation to the treatment of stricture of the urethra during the last thirty years, in this country, may, I think, be classified under five heads:

1. A general recognition of the principle that a delicate and gentle manipulation of any instruments in the urethra is alone trustworthy or permissible in the place of that which was formerly greatly prevalent—viz. that urethral obstruction might frequently be overcome mainly by force.

2. The substitution of very pliable and taper instruments for silver and stiff gum-elastic instruments in much of the treatment, both in ordinary and in continuous dilatation.

3. A more general acceptance of the doctrine that—given time, patience, and gentle handling—very few strictures should be met with which can not be fairly and successfully traversed by an instrument passed through them into the bladder. At the same time an undoubted improvement is to be noted in the mode of operating for those exceptional cases in which the surgeon fails to accomplish that object.

4. A more general acceptance of the doctrine that dilatation of the urethra, whether with or without incision, may be carried with advantage to a somewhat higher degree than had for some time previously been regarded as desirable.

* Read in the Section of Surgery, in introducing a discussion on the subject, at the annual meeting of the British Medical Association in Cambridge, August, 1880. From advance sheets of British Medical Journal.

5. The substitution of internal urethrotomy in some form for the application of caustics and for external urethrotomy on a guide.

All these may, I think, be accepted, and will be generally accepted, as illustrations of advance in the treatment of stricture.

I propose to make a remark or two upon each of the topics named, at the same time venturing to indicate any thing which may appear to me to be a sign of retrograde movement at any point.

I need say little on the first subject—viz. the substitution of gentleness and more careful modes of manipulation for those which were previously in vogue. Men of the present generation scarcely know how rude and, in some hands, almost barbarous was the method of handling formerly employed in the treatment of urethral disease. The term “forcing a stricture” was then, as it had long been, an accepted surgical term both here and abroad, and denoted simply the systematic application of violence to an organic obstruction; the result of which, in nine cases out of ten, was, and could only be, the laceration of the canal and the making of a false passage. I suppose I am right in saying that such a proceeding is no longer a surgical one; and, if ever adopted, is intended to be an exceptional occurrence, and not within the limits of the rules of our art. If there was one thing more than another in the treatment of stricture which at an early date appeared to me unwarrantable, not to say shocking, it was the sight of a surgeon firmly grasping a solid instrument and pressing its point with rigid arm against an urethral obstruction until something gave way and the point was made to advance—somewhere. From the earliest time to the present I have invariably taught, not merely that a narrow stricture can only be traversed by gentle means, but that nothing prevents success so much as a deviation from this rule; and I believe that the constant advocacy of it has not been without its influence in suppressing the dangerous practice which formerly was but too common.

The substitution of modern flexible instruments, chiefly of French origin, for the silver catheters almost invariably used thirty years ago, when the old wax or plaster bougies had fallen, somewhat undeservedly perhaps, into disrepute, has been an advance of enormous importance. I first learned the value of flexible instruments many years ago in Paris, and have used them ever since, and still desire to speak in high terms of their

practical utility in most of the varied forms and kinds in which they are presented. To a certain, although limited, extent some of them have aided us to achieve that very considerable advance in the treatment of stricture which was set on foot by the late Prof. Syme, and consisted in the doctrine (first distinctly taught and illustrated by him) that impermeable stricture is a condition of extreme rarity. In other words, he proved that almost any stricture, however narrow, if the urine passes outwardly through it, is permeable also to instruments in the hands of a careful, patient, and practiced surgeon, provided only there is no crisis of actual retention present demanding immediate relief. The gain accruing to the patient through this doctrine has been very great; since, thirty years ago, a dissection through the perineum for so-called “impermeable stricture” was a comparatively common operation in our hospitals, and one which, moreover, was often fatal. Very rarely, indeed, ought such a proceeding to be heard of now, since with time and patience a fine instrument can almost invariably be carried safely through any stricture into the bladder.

But these instruments are invaluable also in prosecuting the ordinary treatment known as “dilatation.” Notwithstanding the small value set on this method by some surgeons, who profess to regard it as scarcely worth the name of treatment, and desire to substitute urethrotomy in almost all cases of stricture, whether recent or confirmed, I see no reason for discarding it. If the cutting operation necessarily conferred a cure, in the sense of preventing a return of the disease, even in a bare majority of cases, the propriety of employing dilatation might perhaps be called in question. This point will be considered hereafter; meantime there can be no doubt that such complete relief is afforded, and on terms which are easy, by the use of simple flexible bougies, or by the same supplied with lead cores, and, lastly, by well-polished tapering metal sounds, that I believe it to be in the patient’s interest to employ dilatation only so long as it is quite efficient; and then as soon as it ceases to be so, and mostly not until then, to adopt other methods of a more serious kind.

To revert for a moment to the occasional existence of an “impermeable stricture” which has just been referred to, it may be briefly said that when, as sometimes happens, the surgeon fails after adequate trials to pass any instrument, however small, through a

narrow or tortuous stricture, the method known as "perineal section" sometimes proves a valuable resource. Like other proceedings, it has been rendered more easy and efficient and is a far safer operation than that which was done fifty years ago. Since that time various little improvements have been added to the details of the performance, so as to facilitate the finding of the narrowed passage.

The "caliber" or "diameter" of the urethra or the amount of its dilatability is a subject which has come again to the front during the last few years—this time from attention paid to the subject in America. This is one of those points relative to which our figure of the pendulum is in some measure applicable. It has always been a subject affording matter for discussion throughout the history of urethral surgery, relative to which had we time I could give you some curious illustrations. The different measurements made by anatomists at different epochs—and their name is legion—are remarkable chiefly for their diversity, and the rules of practice pursued by different surgeons have similarly varied. This is a fact which need not excite surprise, considering the complex nature of the passage, the relations of which have been so largely studied. The question is one of sufficient importance to be worth considering perhaps more closely. A good deal of the apparent discrepancy in the measurements, in the use of terms, and consequently in the practice of different surgeons, is due in my opinion to a certain failure among many to recognize what are the natural physical conditions of the passage in question. We hear of its size, of its diameter, of its caliber, as if the urethra were a tube of constant capacity—as if it resembled an artery, a bronchial tube, or an intestine. But in fact the urethra has no constant quality comparable with that which we call "size" in any sense in which that term applies to the passages just mentioned. Indeed, the urethra has no "size" or "caliber" when it is not used as a canal; and it is only thus used during a few minutes, one might rather say seconds, during the twenty-four hours, and also when artificially opened by the passing of a foreign body into it. It is simply a long chink, the sides of which are maintained in close contact by organic muscles, and traversing a mass of complex structures which, like itself, are susceptible of great physical changes under different circumstances. Second to its natural contractility, the most distinguishing mechan-

ical quality of this closely shut passage is its dilatability—a still undetermined, and I may add an undeterminable, quality; for its dilatability naturally varies greatly in different parts of its course, in consequence of the variety in the nature of the surrounding structures, while its own delicate walls and subjacent tissues are almost indefinitely extensible under the influence of continued pressure.

During the first third of the present century there was a strong tendency, both here and in France, to regard the urethra as a passage of greater size than the surgeons of the preceding epoch had assigned to it, and to use larger instruments in the dilatation of stricture. Boyer advocated them, and later Mayor, of Lausanne, employed them, sometimes with much force. In this country Pearson, who had a large experience, made a point of carrying dilatation as a cure for strictures to Nos. 18 and 20, English scale, equivalent to about 28 to 32 of the French scale. One of his instruments has long been in my possession, and is here for your inspection. A good deal of mischief followed what may have been the indiscriminate use of these large bougies; hence a reaction took place and smaller sizes were adopted, with less beneficial influence perhaps upon the stricture itself, but also with less evil on the constitution of the patient. Within the last few years Dr. Otis, of New York, has revived the theory of "the large diameter of the urethra," and has advocated larger instruments, besides recognizing as examples of organic stricture very slight deviations from what he conceives to be the normal "caliber," or what I should regard as the possible extent of dilatability possessed by the passage. I have no intention of formally examining the views which he has enunciated relative to this matter, having no allotted time or space in this paper for the purpose. But I will venture to say in connection with this subject that we on this side may perhaps have erred somewhat during the period of reaction referred to in not sufficiently availing ourselves, especially in the practice of lithotrity, of the large degree of dilatability which the urethra undoubtedly possesses; and that we owe to our American brethren an advantage which the latest assertion of that fact has pointed out to us. And I desire hereby to record my sense of the value of that lesson by assuring them how gratefully I receive and profit by it. But I can not say thus much without saying also in the same breath that it is a very easy

thing to damage irreparably some individuals by overdisting the urethra, and that such damage I have of late witnessed in several instances. I must oppose also another doctrine which is associated with the preceding, namely, that stricture of the urethra is permanently cured by complete division of all the diseased tissues affecting the passage. I have seen too many examples of return of narrowing in cases thus operated on to admit that at present we possess any certainty of being able so to act on a confirmed organic stricture as to insure its non-appearance in after life. Further, I have carefully followed many of Syme's cases of external division in his and in my own hands, where the diseased structures constituting stricture have been entirely divided, and in a way more certainly complete than any internal urethrotomy can offer, and am compelled to avow that in very few instances indeed has the thus divided stricture not reasserted itself after the lapse of time. Nevertheless it is an important truth that when any portion of the stricture escapes division the narrowing speedily returns.

For that operation I have myself substituted internal urethrotomy in the treatment of obstinate cases during a period of now considerably more than twenty years, having ceased to perform Syme's operation as a rule in 1857. Since that date I have performed the internal operation at University College Hospital and elsewhere some hundreds of times. My experience leads me to regard it as a far safer proceeding than Syme's in relation to life, and one which is quite as efficient in relation to the general results.

But at the date named (1857) internal urethrotomy was rarely if ever employed in this country. The method best known here, viz. that advocated by Stafford, had lapsed through its inadequacy to render any important service, and dilatation and caustics constituted the treatment for the great majority of cases. Like many of my brethren therefore I tested other proposals which appeared soon afterward, such as by splitting the stricture, which attained a considerable popularity at the time, overdisting, etc. Like others, too, I believe that there are good grounds for the conclusion that for those examples of the disease which are so confirmed as to defy dilatation those methods are inferior in permanency of effect to a well performed—that is to say a complete—division by internal urethrotomy.

Nevertheless, regarding the many methods of performing internal urethrotomy which have been proposed and practiced, I doubt whether it is possible for any one to pronounce which is absolutely the best. In every one the object is, or ought to be, the same, viz. the complete division of the morbid tissue; but varied mechanical means of accomplishing this are originated by different minds, and different modes suit the hands of different surgeons. Each probably prefers to accomplish the object with the instrument with which he is most familiar, and that method will generally be the most efficient in his hands. At the same time many of the modes employed to accomplish internal urethrotomy will not insure the complete division of the strictured portions of the urethra, and such methods must be regarded as defective.

The principles which govern a sound procedure are more essential points for the surgeon to discover and to teach than a consideration of small details. These principles may be briefly stated, I think, as follows:

1. The necessity for a physical examination before operating to detect and estimate the narrowed portions of the urethra. This is best accomplished, in my opinion, by means of a series of metal bulbs on slender stems, taking care not to regard as diseased changes those points at which the urethra itself is naturally only slightly dilatable. These bulbous exploring sounds I have invariably used, advocating them as essential to diagnosis in my first work, twenty-six years ago; and I still prefer them to any other, as safer, less irritating, and not less efficient than more complex instruments which have been devised.

2. The necessity for accomplishing a complete division of all the morbid tissue constituting the stricture, by an incision carried through it—no matter what part of the urethra or how much of it is involved in the disease. As a general rule this is, I think, most efficiently completed by a slender blade carried beyond the stricture and made to cut from within outward—this latter proviso being, however, an open question. The important point, however, is that any alleviation of the patient's condition attained by operation will be transitory if any part of the narrowing be left undivided.

3. I regard it as essential after such division to place at once a full-sized catheter for some hours in the bladder to insure a free outlet for the urine and prevent all possibil-

ity of extravasation of urine into and through the incisions thus made.

4. The necessity for passing full-sized bougies subsequently, at occasional intervals, in order to effect free distension of the walls of the urethra, which lie in almost constant apposition, and so to prevent reunion of divided surfaces by the first intention.

The foregoing may, I believe, be held to embody those general principles which most experienced surgeons at the present day agree—with a few dissentients, I am aware—ought to guide us in practice. That there are different modes of carrying them out is, as I have before intimated, a matter no less of notoriety than of necessity, as inherent in the nature of things. Such a circumstance may be regarded as one fraught with some advantage for us here, in providing scope for discussion and so eliciting a comparison of ideas and methods among the many experienced observers who honor the section with their presence this day. I shall therefore very briefly offer my own views as to the best mode which a long familiarity with the operation in practice has led me to adopt.

In respect of the instrument employed I unhesitatingly avow a preference for one which in principle of construction resembles a slender knife with a long handle, in order that it may act completely in obedience to the impetus given to it by the hand. Concealed within a bulb at the end of the instrument is the blade; so that before this is unsheathed the urethrotome itself is an efficient bulbous-ended explorer (like those already employed in the previous exploration) and is used as such to identify the stricture again at the very moment of operating. With such an instrument the incision is directed solely by intelligence, and is limited or extended according to the sensations experienced by the operator's hand, of resistance or the reverse, just as happens in the analogous instance of division of tissues which are not visible, in the case of contracted tendon in clubfoot.

To my mind, having had some little experience of the last-named proceeding many years ago, when surgeon to the Marylebone Infirmary, the two operations much resemble each other, and alike require a skilled and unrestricted hand to accomplish a satisfactory division of the constricting tissues—the right amount, neither too little nor too much.

All urethrotomes in which the blade can only move in a grooved director, and this

is undoubtedly the most common mode of constructing them, produce a more or less uniform mechanical result, and are incapable of effecting any variation in depth and extent of incision, often necessary to accomplish adequate division in the varying conditions requiring operation. This is what I am compelled to regard as a serious defect, and explains my preference for the bulbous-ended instrument described. It is right to say, however, that the following objection to the latter is sometimes raised, viz. that very few strictures requiring operation are sufficiently open to permit the introduction through them of an urethrotome, the bulb of which is equal to No. 5 or 6 of the English scale. That may be quite true, but I have never seen a case of stricture, however obstinate or narrow, which could not be temporarily brought to the size required by tying in a slender gum-elastic catheter, and I think the advantage of operating in the manner described well worth the delay of a day or two devoted to such preparation of the urethra. Still I am quite ready to concede that an instrument which cuts by means of a blade advancing from without inward, on a guide previously passed, may be a safer one in some hands, especially if they be not thoroughly practiced in traversing the urethra. My experience of internal urethrotomy, which has been conducted in this way throughout—that is, on the same principle and with the same instruments—has been from the first exceedingly satisfactory. The operation itself is fraught with very little risk; the durability of the relief afforded is the chief question to ascertain. The last twenty years have enabled me to watch the history and course of a good many cases; and, speaking in general terms, I may say that the first three or four years after the proceeding, often more, are very comfortable for the patient; after which, at earlier or later dates, say from four to seven years afterward, he often finds himself reluctantly compelled to retreat a number or two in the size of the bougie, which he has been accustomed to pass once or twice a month. Instead of 11 to 13, English scale, he must be content with 9 or 10, or less; but he has no symptoms to complain of. At an interval, varying in different cases from seven to twelve years, the condition in some cases becomes troublesome, and the patient finds No. 7, 6—or 5 perhaps—frequently necessary, and also that some of the old symptoms have returned. In such circumstances I do not hesitate to advise another operation, and

have occasionally performed it a second time. It so happens that I did this for one of my medical brethren only last week, having previously employed the same proceeding in 1867, thirteen years ago. I passed a No. 17 English, about 28 French, with ease, immediately after the incisions, and he is now doing admirably. In one case only I have done the operation three times for the same patient. There is no reason why it should not be repeated, if necessary, just as we crush a second or a third calculus which may be formed after the first. In the case last referred to the best result followed the third operation, and occasional dilatation has been quite sufficient to maintain a highly satisfactory state of the urethra ever since, although the date of that operation is at least eight years ago. I am very certain that the plan I have followed is one of great value for cases in which dilatation does not afford adequate relief, and I certainly think we are more prone to err in withholding the operation than by recommending it too generally. Inadequate relief to the stricture involves irretrievable mischief to the urethra and kidneys, and many a life has been sacrificed to persistence in painful and inefficient attempts to dilate which might have been saved by free division of the stricture or strictures. The formation of a free passage for the urine is the necessary safeguard for the secreting organs, and there should be no loss of time in accomplishing it by internal urethrotomy so soon as the stricture is no longer readily amenable to the action of dilatation. But when the operation is adopted nothing less than a free and complete division of all the obstructing tissues should satisfy the operator. It can not be too often repeated that on this depends the success of the operation.

The great desideratum of the present time unquestionably is the discovery of a mode of treatment which shall permanently restore to the strictured passage its original dilatability. I can not say that a thoughtful consideration of the pathological condition which constitutes organic stricture emboldens me to hope that such a result can be insured by the application of any principles of action at present known to us. If this be so a large and important field for labor and for speculative inquiry is open in this direction. May it fall to the lot of some abler successor to this office of mine today to record the accomplishment of this great achievement before another thirty years have expired.

It remains only now for me to thank you for thus patiently listening to a sketch which, meager as it is, will have attained its object if it elicits practical communications from those present, who are so eminently qualified to make them with advantage to us all.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

The British Medical Association at Cambridge—The Distribution of Honors—The Speech to Professor Gross—A full Description of the Ceremonies—Sir William Gull hissed—Its Cause—American Physicians in England.

The sensation of the meeting was the presentation of the honorary degrees of LL.D. upon some of the more distinguished members of the profession in England and foreign visitors. The University is very courtly and very conservative, and it confined its honors chiefly to the medical baronets and court officers—Sir William Jenner, Sir William Gull, Sir George Burrows, Mr. Simon, C.B., and Mr. Lister. Among foreigners America was honored in the person of Prof. Gross, of Philadelphia, who crossed the Channel especially to be present at this meeting and to receive this high distinction, and Prof. Brown-Séquard. Prof. Broca was designated for the honor, but his untimely death prevented his receiving it. Chauveau, of Lyons, whom it was intended to decorate with the scarlet gown, was absent; so also were Virchow and Langenbeck, of Berlin. Donders was present and received his degree. The degree-giving takes place in the ancient Senate-house, in great state. The doctors of the University sit in their scarlet gowns on a raised dais in a semi-circle on either side of the chancellor of the University, who is attended by the esquire beadles, who are masters of the arts, carrying the heavy silver maces, irreverently called the university pokers. The recipients of the honor are seated on either side of a semi-circle at the front edge of the dais facing the chancellor and robed doctors and with their backs to the audience. The Senate-house was crowded with doctors and the galleries filled with under-graduates. In the course of the ceremony the public orator takes his place, standing with his back to the audience and facing the vice-chancellor, but below and beyond the dais. Each

recipient of the degree, clad in his new scarlet gown, is conducted by the beadles to the public orator, and stands by his side, facing the vice-chancellor, while the orator, in a brief Latin oration, proclaims the scientific or other grounds on which the honor has been conferred, and formally introduces the new doctor to the chancellor, advancing with him under the guard of the beadles to the chancellor, who then lifts his cap, offers the new member of the University the hand of friendship, and inducts him into his doctorate.

The Latin speeches of Mr. Sandije were exceedingly felicitous, and his punning allusions to Sir William Jenner as having been a friend *generi humano*, of Dr. Houghton as having kissed the blarney-stone were received with much applause. I append the short speech in which he introduced Dr. Gross: "The venerable form of your distinguished colleague is now well known at our meetings; his dignified courtesy and personal amiability have endeared him to all with whom he has come in contact, and in learning and surgical skill he is held here in the highest esteem as a worthy representative of the greatest traditions of the American school."

Loud applause greeted him, and also all the other honorary doctors in their turn, with one marked exception. Sir William Gull has recently incurred the grave displeasure of the profession by the course which he has taken in reference to a recent trial at Guy's Hospital, of which I must give you a short outline, as being typical of a dispute as to the organization of nursing in hospitals, which is not confined to that hospital, but is verging to many. Guy's Hospital is an ancient foundation, possessing enormous revenues, which are administered by a treasurer, who is practically the governor of the hospital, and wields a despotism which is never disputed when tempered with deference and respect to the opinions of the medical officers and regulated by considerations of courtesy and public spirit. Mr. Lushington, the present treasurer, is an old Indian official, with autocratic ideas. Personally amiable and popular, he has, it is said, the misfortune to possess some lady relatives who have great influence over him and who are strongly tinged with what is known here as "High-church notions." Under this or some other influence the treasurer has lately appointed a matron who has revolutionized the system of nursing at Guy's Hospital and has carried out her changes with no

gentle hand. Thirty of the old nurses of Guy's, including many who had been for a quarter of a century in service and some for much more, and who were universally liked and respected, have left the hospital rather than submit to the new system introduced. The medical officers have from the first strongly opposed the changes made, and an open war has broken out which has caused a great deal of public scandal—a scandal that culminated recently in a case in which one of the nurses had inflicted what is described as a punishment bath on a patient in the wards who was known to be suffering from tubercle of the lung, and who had fouled the bed. This patient was suspected to be suffering also from hysteria, but the symptoms attributed to hysteria now turn out to have been premonitory symptoms of tuberculæ of the brain. The unfortunate patient was treated with a great deal of roughness by the nurse, and was immersed in a bath for a period described by some as an hour and by others as an hour and a half. A rapid change for the worse occurred in her condition, and she died at the end of a few days, when acute inflammatory tubercular meningitis was found to have been the cause of death. The nurse was tried for manslaughter. Dr. Pavy, whose patient had been thus operated upon, gave evidence to the effect that prior to the death there had been no external signs of tubercular meningitis, and he believed that the shock to the system and the prolonged immersion in cold water had lit up the inflammation which had so rapidly proved fatal. In this opinion the whole of the medical staff concurred. Sir William Gull, however, who had for some time been coquetting with the lady authorities, and had been proclaimed more than once by them as supporting them against his colleagues, appeared unexpectedly at the trial without having previously communicated with his colleagues on the subject, and gave as his opinion, based upon the record of a clinical clerk, which had not even been submitted to Dr. Pavy, that Dr. Pavy ought from the first to have recognized the case as one of tubercular meningitis; that the case had only run its regular course; that neither the rough usage of the nurse nor the prolonged immersion in cold water had any thing to do with the acceleration of death of the patient; and generally his evidence aimed at exonerating the nurse and throwing the whole blame upon Dr. Pavy for want of acumen in not at first discerning the existence of tubercular meningitis and especially warning the

nurse. This course is blamed for two reasons—first, because it is believed that the clinical deductions of Sir William Gull are based upon the subsequent knowledge revealed by the post-mortem examination, and that the course of events subsequent to the bath has been unfairly used to support the opinion which was formed after the event, and would probably have been no more formed by Sir William Gull prior to the bath than by the physicians who saw the patient. Further, it is considered that when Sir William Gull formed this opinion he should at once have communicated with his colleague, when he could have ascertained that the clinical report on which he relied was one for which the physician was not responsible and which he had not seen. Sir William Gull would then have had the opportunity of discussing with Dr. Pavy the facts as he saw them from his point of view. The haste which he has shown to glorify himself at the expense of his colleagues and to appear as their accuser has produced a most painful impression. Moreover, it is remembered that he showed a similar tendency on the occasion of the death of the Emperor Napoleon, when he avoided, by a side plea, signing the report drawn up by Sir Henry Thompson and Dr. Burdon Sanderson subsequent to the autopsy of the Emperor, and found occasion to write a separate letter to the Times, in which he made himself appear as the wisest man of the party and as entertaining views which might have been of use in saving life had he been earlier consulted.

In the same way in the celebrated trial here connected with the poisoning of a person named Bravo, Sir William Gull at the inquest slighted the professional character of Dr. George Johnson, and gave evidence in a manner so contrary to professional traditions that he was summoned before the College of Physicians and received public reproof. In this case also Dr. Pavy has intimated his intention of making Sir William Gull responsible for conduct of an unprofessional and improper character. When, therefore, Gull appeared at Cambridge to receive his honorary degree there were already rumors that he might probably meet with by no means so favorable a reception from the members of the profession assembled as the other gentlemen who were to be thus honored. His actual reception, however, was of a kind unknown in the history of a university, and without parallel probably in the history of medicine. When the esquire beadle went to him ceremoniously

in his seat and led him to the side of the public orator, who was to pronounce an eulogy upon him, a storm of hisses and groans arose from every part of the hall which was literally overwhelming in its bitterness. The hissing, hooting, and groaning continued for fully ten minutes. The undergraduates in the upper galleries were not slow to take up the cries, and for a long time running through the hall and above all were the overwhelming cries of "turn him out," "kick him out," and other even less complimentary cries, greatly scandalizing the vice-chancellor and the grave doctors of the University, to whom the scene, although not altogether unexpected, was in its intensity and severity no doubt painful. For a time which seemed an age Sir William Gull stood by the side of the public orator, as though a culprit in the custody of an officer, motionless, white, and unable to move in one direction or the other. Mr. Sandije showed great self-possession, standing quietly till the storm abated and then good-humoredly waving the students and assembled physicians into silence and cutting his oration as short as possible. Nevertheless when he admitted a phrase or two of eulogy he was met with cries of "tell that to the coroner's jury," and "three cheers for Pavy," at length the ceremony was completed. Sir William Gull left Cambridge immediately, being naturally unwilling to show himself again in an assembly which had treated him with so much contumely. Such a scene must have been doubly painful in the presence of all his leading colleagues in the profession, many of whom had just been so warmly cheered, and in the presence of many hundreds of well-known medical brethren from all parts of the country and of the leading members of the University. Fortunately for him time enough will be allowed to elapse before he will again make his appearance before the profession. In anticipation of the next International Congress he had already six weeks ago been elected president of the medical section through the influence of Sir James Paget, his fast personal friend, or certainly he would not now stand any chance of receiving that distinction; and it may be taken for granted that very few English physicians will be found in this section, and if he wishes to consult the interest of the Congress he will do well to resign that post, as otherwise the medical section will be empty.

The sectional proceedings at Cambridge have been marked with quite an unusual

standard of high scientific value, and it may be worth while presently to give you a short summary of some of their proceedings.

Sir James Paget, in the section of Pathology, delivered a magnificent address on the Relations of Vegetable Pathology to Animal Pathology, which will not be published for some time, but of which I shall hope to get for you advance pages, in order that you may be able to publish them at an early date. In the ophthalmic section there were present Donders, Bowman, Critchett, Priesky Smith, and others, who were to take part in the discussion on glaucoma; but it will serve to show how little is really known on this subject, that after Priesky Smith had opened the discussion by the enunciation of new views on glaucoma, Donders and Bowman both acknowledged they really knew nothing of the true pathology of glaucoma, and were not in a position to discuss the paper.

Lister, in an address, of which I am promised a copy for you, gave a charming account of the recent results of investigations by Pasteur and others on splenic apoplexy and fowl-cholera; by which in both cases not only have the specific organisms been identified which produce the disease, but the means of prevention have been ascertained, so that it ought to be and will be quite possible in the future to take means to prevent the occurrence of these scourges of our herds and of our poultry-yards.

Among the other Americans present were Dr. Marion Sims, who has always a warm welcome in England; Prof. Pallen, of New York, whose first visit it was, and who was, I believe, well satisfied with his reception, as were Dr. Beard and Dr. Bulkley.

Dr. Beard has got into some trouble here. The surgeon of the steamship complains that before starting from New York he ordered large quantities of his favorite drugs for the prevention of seasickness, and that he conducted his experimental series of treatment without entering into any communication with him. Some amount of amusement has been created by his referring to a treatise upon seasickness, which he seems to say Dr. Beard has published under the title of "Oh, my!" Dr. Beard, however, when questioned at Cambridge, stated that he had no knowledge of any such pamphlet, and no such absurd title had ever been used by him, and gave other explanations which are likely to be satisfactory. There is, however, an impression not altogether favorable to Dr. Beard upon this

side of the water, in consequence of the profusion of rather vapid pamphlets with which he inundates his friends here, and of the pretentious and high-flown style in which he enunciates trite propositions and with which he seems to aim at exalting rather catch-penny subjects into a pseudo-philosophic position.

Most of your American physicians who have visited us have produced a favorable impression by their dignified reticence, by their evident intelligence and skill in their departments, and by always having something definite and useful to say when they spoke. It would be a great pity if the opinion should ever come to be held that any number of persons were to make British soil a sort of outpost from which to direct floods of pompous eloquence on trivial subjects over the medical world here or elsewhere; and a word of caution may not be unnecessary in that respect, although I am free to confess that it is only a very few at present for whom any such caution is needed. Sims, Sayre, Gross, Loring, Van Buren, and the Yandells (if you will pardon me for saying so), and many other representative Americans who have visited England, have left behind them impressions so warmly favorable and of such brotherly regard that this reminiscence alone will long insure a hearty welcome to all American physicians who may be tempted to find themselves at the meeting of the British Medical Association or at any other medical gathering on this side of the ocean.

Miscellany.

THE BRITISH MEDICAL ASSOCIATION DINNER.—The president of the Association, Prof. Humphrey, presided, and was supported by the Lord Bishop of Ely, the vice-chancellor, the mayor of Cambridge, Sir James Paget, Bart., Prof. Gross, Dr. A. Carpenter, Prof. Donders, Prof. Longmore, Prof. Acland, Dr. Brown-Séquard (Paris), Dr. Paget, Dr. Beard, the Rev. Dr. Haughton, and Mr. Savory. The company at the master's table also included the Public Orator, the Senior Proctor, Prof. Reyher, Drs. Clark, J. Crichton Browne, Bradbury, Embleton, Marion Sims, Lister, Stewart, Waters, Dennis O'Connor, Mr. Spencer Wells, Mr. Ernest Hart, Mr. W. D. Husband, and Mr. Cobb. The company at the dean's table included Profs. Macnaughtan Jones, Marey, Bowditch, Preyer, Liveing, Westphal,

and Ranvier; Drs. Toussaint, Worms, Shann, Strange, Stokes, Ogston, Warlomont, Lucas-Championnière, Weber, Wood, Playfair, Durrant, Wade, Lancelott, White-Cooper, Roberts; Messrs. Fowke, A. H. Gross, Critchett, Holmes, Langley, Hulke, Chiene, Hurrell, John Wood, Cadge, J. W. Clarke, and Balfour.

Of the British Medical Journal, whose circulation Mr. Ernest Hart has brought up to ten thousand copies in twelve years from two thousand, its circulation when he became its editor, the Rev. Dr. Haughton, M.D., F.R.S., said he had now a very disagreeable duty to perform after the beautiful music they had just heard and the poetical speeches; for he had to recall them from the heights of Olympus to our common mother earth, in speaking of some matters of importance in the past, present, and future history of the Association. There were a great many great men who lived before Agamemnon, but unless they had a poet to sing their praises they were not remembered beyond one or two generations after the time in which they lived. The present great British Medical Association could not have continued unless it had had some mouthpiece or organ to make it known to the world, and that mouthpiece was the British Medical Journal. [Cheers.] It was now his duty, having been called on to perform it by authority, to sing in his own humble hexameters the praise of the Journal and its editor, Mr. Ernest Hart. [Cheers.] Dr. Haughton proceeded to say that he could claim to speak with authority upon journalism, for among the gifts of an Irishman were those of writing and his right to take, sometimes, both sides of the question. [Loud laughter.] They had heard the Times called a "great organ," the "great Colossus," but some affected to know all about it and not to believe in it. Now he would let them into the secrets of that "little Colossus," the Journal. It had for many years a delicate constitution. [A laugh.] It had a great deal of "physicking." [A laugh.] It had, moreover, change of air, change of scene, and continual change of nursing. [Loud laughter.] Now the great change which strengthened it and brought it to its present vigor was when its present editor, Mr. Ernest Hart, was appointed as its dry nurse. [Loud cheers and laughter.] That happened in the year when the Association had its meeting within the walls of Trinity College, Dublin. The English members had come over there, and they found that the Irish

were an exceedingly pleasant set of fellows to come among [laughter], and the Irish members found that the English were good men, and quite open to be introduced to any thing good, including John Jamieson's whisky [laughter], or any thing else that was good. Now the Journal had a committee of management—a very excellent principle, no doubt—and the thing worked well or ill, according to the wisdom and knowledge of the committee. If he were editor and had a bad committee, or an interfering committee, he should kick over the traces and pull his head out of the halter in no time [cheers]; but if he had a wise committee—that was to say, a committee which had the discretion to trust to his discretion [a laugh]—he should pull "right away," as Mr. Hart did, for the good of all. [Cheers.] Now the Association needed an editor with common sense. He did not undervalue common sense; but some people had nothing else but very common sense; but he liked to have a sprinkling of genius with the common sense. [Cheers.] The result of the choice of Mr. Ernest Hart as editor was seen in the fact that from that very moment the Journal, in size and circulation, had begun and steadily continued to grow enormously. [Cheers.] It had proved to be the bond of association between the members who could not come to the annual meetings and those who came, and it was besides now the great journal of the medical profession. The Journal was not a mere advocate of a trades-unionism; it was not the mouthpiece of the rights of associated members, or of a profession against the greater public—a public that would not submit to any such principle, but it was, under wise management—and, as Dr. Bradbury, the reader of the address in Medicine had pointed out, under the editorship of Mr. Hart—the organ of the rising modern scientific medicine, which, without disparagement to the great master, Hippocrates, must be called the medicine of the future—the science of calculation, observation, and study—a science opposed to empiricism. [Loud cheers.]

THE LATE DR. FRANK H. DAVIS.—The chief cause of death, as shown by a post-mortem examination, was an acute suppurative inflammation of the left kidney, accompanied by so persistent a reflex irritation of the stomach that during the last three weeks of life his sole dependence for support was on nutritive enemas.—*Chicago Med. Jour. and Exam.*

Selections.

The Digestive Action of Papaw-juice and Papain.—Bouchut has shown (*Comptes Rendus*) that the juice of the papaw and papain contains an agent capable of forming with albuminoid substances a combination having all the characteristics of assimilable peptones (American Observer). In making further experiments with dilute papaw-juice or with papain upon living tissues, healthy or pathological, as adenomas and cancers, he attained results of great interest. These tissues are digested by the agent and converted into peptones in the same manner as dead albuminoid matters. Thus if a dilute solution of papaw-juice or of papain be injected into the brain of an animal, by means of the hypodermic syringe, a digestion of the cerebral substance with which the agent has come in contact is found to take place. All this portion, if examined twenty-four hours after death, presents a yellowish, softened appearance, and in a circumscribed point has formed a nidus for yellow, and in some cases reddish, pulpy softening. The animal, in three or four hours after the injection, falls in collapse, becomes paralyzed on one or both sides of the body, and dies in apparently great agony. If, however, an injection of papain or of papaw-juice be made into the muscles of the thigh, buttocks, or loins of an animal a marked change in the muscular tissue is noticed twenty-four hours afterward. In that portion of the muscular tissue where the papain has lodged a softened, pulpy, and galatinous substance is found surrounded by normal muscular tissue; this soft substance has been formed from digested muscle. In seven experiments the same results were reached in every instance.

Bouchut then turned his attention to pathological tissues, injecting the solution into adenomas and cancers. In three cases of adenoma of the neck where the injection was used violent pain followed in about two hours, and a severe attack of fever was brought on. Three days afterward the tumors became softened and were converted into abscesses, which after being opened with a sharp instrument healed in two out of the three cases. In three cases of cancer of the breast and in one case of cancer of the groin injections of papain led to softening and digestion of the large, hard tumors. The liquid formed was drawn off from one of the tumors with the aspirator, and on analysis by Henninger proved to be a veritable peptone, showing then that the action of papain on cancerous tissue is true digestion. When injected into cancers the solution, although neutral, produced great pain and a formidable attack of fever.

A frog, partly skinned, when placed entire into a dilute solution of the papaw-juice died in twelve hours, was partly digested in twenty-four hours, and at the end of ten days nothing was left but its skeleton.

These experiments tend to show that organized tissues, living or dead, may be peptonized by this substance, which is as it were vegetable pepsin.

Chrysophanic Acid—A Caution.—Physicians prescribing chrysophanic acid should warn their patients against the accident of introducing it into their eyes. Dilatation of the pupil and intense inflammatory itching and burning are produced, and druggists preparing the acid for use often suffer from these annoyances.

The Contagion of Consumption.—Nearly fifteen years ago Budd, one of shrewdest clinicians who ever lived, wrote, "The following are the principal conclusions to which I have been led regarding phthisis or tubercle: 1. That tubercle is a true zymotic disease of specific nature in the same sense as typhoid fever, scarlet fever, typhus, syphilis, etc. are; 2. That like these diseases tubercle never originates spontaneously, but is perpetuated solely by the law of continuous succession; 3. That the tuberculous matter itself is (or that it includes) the specific morbid matter of the disease, and constitutes the material by which phthisis is propagated from one person to another, and disseminated through society; 4. That the deposits of this matter are therefore of the nature of an eruption, and bear the same relation to the disease, phthisis, as the yellow matter (the stools), for instance, of typhoid fever; 5. That by the destruction of this matter on its issue from the body by means of proper chemicals, or otherwise, seconded by good sanitary conditions, there is reason to hope that we may eventually, and possibly at no very distant time, rid ourselves entirely of this fatal scourge."—*Dr. Jas. T. Whittaker, in the Med. Rec.*

Bony Tumor in Muscle.—In the *Presse Méd. Belge* Dr. Thiriar relates the case of a sawyer, thirty-six years old, whose foot slipped while playing at skittles, he at the time having in his hand a bowl weighing between twenty and thirty kilos (Medical Times and Gazette). He felt a violent pain opposite the insertion of the adductor longus in the pubis. Next day he felt in this locality a tumor the size of a pea, which gradually enlarged in all directions. At first it caused neither pain nor inconvenience; but after a while pains came on and motion became first difficult and then impossible. When Dr. Thiriar first saw the patient, some weeks after the accident, he found a hard conical tumor five centimeters in length, extending from the pubis into the adductor. Its removal was accomplished between two and three months after the accident, the adhesion to the pubis being so strong as to require the use of a forceps. It was found to be a true osteoma composed of spongy bony tissue. It was supposed to have originated in the portion of the adductor attached to the pubis, and gradually invading the muscular tissue. Recovery from the operation was complete three months after the occurrence of the accident.

Fever in India.—An Indian official paper published in the Northwest Provinces Government Gazette gives some details as to the epidemic of fever which prevailed in those provinces last year. The epidemic appears to have caused the death-rate to exceed the average by over twenty-one per thousand, and it is estimated that seventy-five per cent of the whole population suffered from the disease. The two worst districts were Bulandshahr and Alighur, in both of which the ratio of deaths from the fever was one hundred and thirteen per thousand. Meerut came next with eighty-one, and most of the other districts showed very high rates. Dr. Planck, the sanitary commissioner, describes the epidemic as essentially climatic, and ascribes its severity and great mortality to the vast number of persons who had been brought to a low state of health by the high prices and distress of the two previous years. The specific cause was, he thinks, malaria, resulting from the copious rainfall of the year.—*Med. Times and Gazette.*

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MALARIA.

WITH CASES AND REMARKS ON RENAL COMPLICATION.

BY J. M. CLEMENS, M. D.

No medical question is of comparable importance to that of malaria to the people of the United States; nay, to the world. It is less virulent and abundant in some of the older and better drained parts of this country and of Europe than it is in others, but wherever the sun shines and water exists malaria will sometimes be found. It is almost omnipresent, and for evil almost omnipotent.—*Prof. L. P. Yandell to C. H. Lathrop, Lyons, Iowa.*

No medical truth comparable in importance with the above to the people of the United States has been enunciated in this the nineteenth century. We need not pause to discuss the question, "What is malaria?" The whether we are able, in the light of the present advanced stage of scientific inquiry, to demonstrate it satisfactorily matters not for the purposes of this article. With the conditions necessary to the production of malaria in the common acceptation of the term every medical man is familiar. Not every medical man, however, appears to be impressed with the potency and protean manifestations of this ubiquitous enemy to health and life.

If our National Board of Health did no more than awaken states, municipalities, and citizens to a realizing sense of the invisible danger that lurks every where, in the filthy gutter, the choked sewer, the dirty alley and back yard, the foul waste-pipe, the damp cellar, the damp, moldy wall, ill-ventilated houses, point out and secure the adoption and enforcement of the means to obviate it, it will have immortalized itself. The people should be educated to know their danger from these sources, that they may contrib-

ute to the general welfare of their neighborhoods by putting their own premises in proper sanitary condition.

Hundreds of little children are sacrificed to this insatiable Moloch every summer and fall in this and every other similarly filthy southern and western city, by flocking to the sidewalks at nightfall to get a breath of cool air, often stringing themselves along the curbstone, like so many birds, over the filthy gutters and near the mouths of foul sewers, they are immersed in an atmosphere only a little less deadly than that emanating from the terrible Pontine marshes in Italy.

So also every night hundreds of families in this city are shut up in old brick houses, with brick foundations which have absorbed moisture from the earth for years until they have become rotten, so to speak, from long-continued dampness, the plaster and brick in many cases absolutely rotten and crumbling away. All unsuspectingly they are breathing an atmosphere only a little less deadly than that of the historic Black Hole in Calcutta. The inevitable consequence is sometimes manifested in a comparatively slight indisposition, but often in the taking off of some member of the family with bewildering swiftness. Such houses are a curse to the city, and in the interest of the public health should be condemned to be razed to the earth, or, in case of the better class of them, to have a layer of window-glass placed in the wall at a few inches above ground to intercept the moisture.

For the safety of surrounding property municipal governments arrogate to themselves the power to pass and enforce ordinances declaring that within certain limits no frame building shall be erected. Why may they not, for the safety of the public health, require that every house to be built with a brick foundation shall have, at a suitable elevation above ground, a layer of window-glass carefully placed, end to end, and of a width corresponding to that of the wall? From three to ten dollars, according

to the size of the house, would forever protect it against the moisture, which is drawn up through the porous bricks and plaster by capillary attraction, and make the houses perfectly dry for all time, as the glass is absolutely indestructible by the agencies to which it would be subjected.

It will be observed that I have not mentioned ponds, marshes, the banks of sluggish streams, etc., which are understood by the people to be the common and by many the sole sources of malarial poison, but have attempted rather to make conspicuous those sources especially in cities to which the people as a mass seem to be oblivious, and with the fruitfulness and danger of which I am led to believe many physicians are not sufficiently impressed.

As illustrating the potency of the malarial poison generated in the class of houses alluded to above, I wish to mention three cases of what may be termed unclassified malarial fever which I have recently met with in one of these houses with otherwise healthy surroundings. I wish also to call attention to a renal complication, a feature I have observed in a number of similar cases of profound malarial poisoning under similar circumstances in this city in the last two or three years.

About eight o'clock on the evening of August 29, 1880, I was called to see two children of L. K., aged respectively four and a half and seven and a half years. They had previously been in good health, and without prodromic symptoms, so far as the parents knew, were observed to have high fever in the afternoon four or five hours prior to my visit. Under the influence of a warm bath the younger of the two, a little girl, was just emerging from a violent convulsion, which had lasted for more than half an hour. She had some nausea and had vomited two or three times during the afternoon and evening; bowels regular; tongue somewhat enlarged and covered by a uniform white coat of moderate thickness. The breath was of that peculiarly offensive character noticeable in zymotic diseases, resembling most that of scarlatina. The conjunctivæ were somewhat injected and the pupils slightly contracted, but not over-sensitive to light. After fully recovering from the convulsion her intelligence seemed to be good. The thermometer placed in the axilla marked 107° ; pulse 150; skin moist; face pale, considering the extreme high temperature.

The boy's case was the counterpart of this, including temperature, with the follow-

ing exceptions: Pupils were normal; pulse 140; had not vomited nor had a convulsion. Notwithstanding the absence of the usually flushed face and surface and strawberry tongue, the pulse, temperature, and nervous phenomena, together with the fact that scarlatina was known to exist in that region of the city, suggested the strong probability that I had this disease to deal with. The mother having administered to each of them in the afternoon a dose of castor oil, I ordered potassa bromidi with fluid ext. gelsemium to control the nervous symptoms; a febrifuge mixture of liq. ammonia acetatis, spts. eth. nit., and tinct. aconite rad., together with a tepid sponge-bath in case the skin should become dry.

On the 30th, at 9:30 A.M., I found them in much the same condition (temperature same), except that their bowels had been moved; the little girl having had a convulsion in the after-part of the night and one prior to my visit in the morning. The day-time affording more hope that the medicine would be faithfully administered, I ordered a continuance of the remedies prescribed the previous evening, with the addition of chloral hydrate for the little girl when a convulsion seemed imminent. At 3:30 P.M. I found them again without material change in their condition; the boy more nervous, slight tendency to delirium, pulse 148; the girl's pulse 168, convulsions more frequent, with marked opisthotonus.

By exclusion and in the light of the surroundings I was now convinced that I had to deal with an intense malarial poison, and without waiting longer for a remission I put them on full doses of quinia sulphate every two hours. Through fear that the girl would be unable to take a sufficiency per orem, I ordered twenty grains with ten minims acid sulph. arom., rubbed up with half an ounce of vaseline, one fourth to be rubbed into the epigastric and hypochondriac regions every three hours.

At 10:30 P.M. I found the girl, to whom they had been unable to administer the medicine with any satisfaction, in a persistent eclampsia; in other respects the same, except the pulse, which had less volume. The boy's general condition was somewhat improved; pulse 140, temperature 105° . I remained with them some hours, sponging the girl persistently, and finally putting her for thirty minutes in a bath at 100° , which reduced the temperature to 105° and for half an hour rendered her more quiet. At the end of which time the former elevation of

temperature was regained and the eclampsia returned.

At 1:30 A.M. the boy's temperature had descended to 103° . He was sleeping and in a profuse perspiration. The girl was ordered to be bathed and sponged by turns, in the hope of reducing the temperature. This did not avail, however. The opisthotonus became persistent, and she died at 4:30 A.M. At 9:30 the following morning the boy's temperature was 101° ; pulse 100, with corresponding improvement in all his symptoms. At 5 P.M. temperature 100° , pulse 90. On the following morning the temperature was normal, and in the afternoon he was dressed and playing in the bed.

On the afternoon of the 31st, the day on which the girl died, my attention was called to the mother—an ordinarily stout, healthy-looking German woman, aged about thirty-three—who stated that she had felt a little cold on the afternoon of the day previous, and following; had a fever which passed off during the night in a sweating stage. On this day, however, she had not been free from fever. Her aspect was languid and rather pale; skin dry; tongue, which was large and indented around the edges, was thickly coated; pulse 120; temperature 105° . Had nausea, headache, and backache across the loins; urine scanty and high colored. She was ordered to have twenty grains of quinia sulph. in four doses two hours apart, and to have hot lemonade. On the following morning, at nine o'clock, I found her aspect very much the same. Skin cool and moist; temperature 101° ; pulse 70, intermittent, of medium volume, and very compressible, almost gaseous. I was informed that about two hours previous to my visit without having been in the upright position she had had something like a "fainting spell," which passed away in a few minutes. While I was at the bedside I observed some indications of distress, which were followed immediately by slight convulsive movement, the head being gradually drawn back, the eyes fixed, the pupils rapidly dilating, and respiration, after one or two spasmodic efforts, suspended. All muscular tension was relaxed; the face became mottled from stasis of blood. I had immediately placed my finger upon the radial artery, when, finding no pulsation, I applied my ear over the heart, which gave no throb; meantime the dashing of water, rubbing with camphor and other restoratives had been applied without the slightest effect, and to all appearances she was hopelessly gone.

By the aid of an assistant I instituted artificial breathing, and kept it up for between five and ten minutes, when I was rewarded by a spasmodic gasp, and by the continued aid of artificial respiration she was gradually resuscitated. She had passed no urine since the evening before; and now, suspecting renal complication, I removed from her bladder less than two ounces (all it contained) of deep amber-colored urine for examination. I may state here that she had had no previous history of renal trouble. I ordered five grains quinia sulph. with capsic. every two hours; and from a neighboring drug-store I summoned Drs. Wm. Bailey and E. D. Forée, who agreed with me that this and those of the children were cases of profound malarial poisoning.

At this date the boy had fairly entered upon convalescence; nevertheless I had provided myself with a specimen of his urine for examination also. Dr. Bailey returned with me to my office for the purpose of examining the specimens, I having predicted the result, which was as follows: Mother's urine—Acidity normal; spec. gravity, 1.012; albumen, twenty-five per cent. Under the microscope it was seen to contain a large number of granular and hyaline casts, together with some free granular matter. Boy's urine—Acidity normal; spec. gravity, 1.020; albumen, a mere trace. The microscope revealed a few hyaline casts, many of them containing more or less granular matter and an occasional granular cast.

At my afternoon visit ordered three drams infusion digitalis with twelve grains potassa acetat every three hours.

Without going into further details, I will merely add that the mother had a few hours later an attack similar (though much lighter) to the one I saw her in. She had an evening exacerbation and morning remission for two days, when the temperature became normal; the albumen and tube-casts gradually disappearing, the last specimen containing no granular casts, but an occasional one purely hyaline in character.

As stated above, I have met with these renal manifestations in a number of cases similar to the above; also this summer and fall exactly similar manifestations (except in four of the cases there was complete suppression for periods varying from twenty-four to forty-eight hours), in five cases of what Lebert calls *cholera nostra*, or sporadic cholera, which I believe to be due also primarily to profound malarial poisoning.

I am well aware that in typical cases of

pernicious intermittent and remittent fevers albumen and tube-casts have been occasionally found and mentioned, but I am not aware that this complication has been demonstrated in the class of cases above referred to. I wish, therefore, to express the opinion that the condition of the kidneys shown in these cases is far more common than has heretofore been suspected, and constitutes one of the chiefest sources of danger in malarial diseases.

LOUISVILLE. _____

CONTAGIOUS INFANTILE PEMPHIGUS.

BY L. S. OPPENHEIMER, M. D.

It is generally held, I believe, that pemphigus is never contagious. That it may be hereditary or syphilitic is not disputed now. I am also convinced that the disease may run its full course to recovery during intra-uterine life. I saw two such cases in the wards of Prof. Carl Braun in the Vienna Hospital. In one case the desquamation was not yet complete; in the other nothing remained save a few red patches here and there. Prof. Braun considered both of the cases syphilitic pemphigus; but I doubt that they were necessarily so, for in neither case was the history inquired into. Whether eruptive disease had existed in the family or not could therefore not be ascertained.*

Acute pemphigus commonly runs a mild course, even when accompanied by slight fever, etc. Recovery takes place usually—according to Neumann, Hebra, and others—in from three to six weeks.

The presence of the bulla upon the palms of the hands and soles of the feet is looked upon by some practitioners as indicative of the syphilitic character of the disease. This I believe to be fallacious, as it is not at all uncommon for non-specific eruptions to appear in these parts.

The disease herewith recorded bears an intimate resemblance to the *epidémie pemphigus* reported some months ago by Vidal, of Paris, except that in my cases the disease was confined entirely to infants.

In June, 1878, Mrs. —, with her child, ten months of age, was admitted into the Louisville City Hospital. The child was covered with a bullous eruption. The vesicles, which were filled with sero-purulent fluid, varied in size from that of a pin-head to that of a silver dime, and were situate as well on the palms of the hands as on the

soles of the feet, between the fingers and toes, on the nates, and over the rest of the body. The eruption had existed for about a week, and was increasing in extent and severity. New vesicles were forming here and there, and a few old ones drying up. Some fever existed, and the child was not inclined to nurse.

The previous history is briefly as follows: No history of specific troubles. Patient had been working during the past month with a lady whose infant had a similar eruption, and about a week before she noticed that her own child had caught it.

I prescribed a warm alkaline bath and one grain each of iodid. of potas. and sulph. of cinchonid. three times a day. On the next day I was surprised to find a wonderful improvement; the eruptions were rapidly drying, and the child began to nurse well. In three or four days the vesicles had all disappeared.

The next case was that of a healthy little fellow, fourteen months old, whom I found playing with baby No. 1 the day after admission. Baby No. 2 had been in the wards for some months with his sick mother. I had the two little ones separated at once and kept apart. I had the nurse wash baby No. 2 at once and change his clothing. In three or four days baby No. 2 had a number of ecchymosed spots on his neck resembling severe mosquito-bites; in a day or two after these became vesicular, and in this manner the disease spread over most of the body, not quite so quickly, however, as on baby No. 1.

I first gave to this little fellow cinchonidia alone, then the iodide alone, without effect. I then combined the two, as I had done in case No. 1, and improvement began at once. Recovery in both cases was complete.

In private practice I have seen a number of cases of acute infantile pemphigus vulgaris, and always among the poorer classes; but they were all of the non-contagious variety—at least I had no opportunity of testing the contagious character of any of the latter cases as I did of the former.

SEYMOUR, IND. _____

ACQUIRED UNIVERSAL LEUCODERMA.

BY GEO. P. HALL, M. D.

Martin —, a dark mulatto, aged thirty-two years, while at work, in the spring of 1873, became overheated, as he says, fell in the field, lay prostrate for several hours, and

* For a Report on Congenital Non-syphilitic Pemphigus, see *Le Progrès Médical*, 24 Avril.

was then taken home and cared for. He was ill two weeks, recovered, and then for the first time noticed a circular spot of discolored skin, the size of a silver dollar, just beneath the pomum adami. Other spots of white skin shortly appeared in different situations, till his whole body become pided. The discoloration proceeded slowly for five years, then became quite rapid in its course up to date, when the leucoderma is almost universal. With the exception of a tolerably large patch of skin of the original color on the chin, and a few smaller patches on the hands, the man is white. The skin on the legs especially is almost completely colorless and the nails of an ivory whiteness.

The history presents no discoverable hereditary or specific taint. The general health is excellent, and the functions of the skin seem to be in no wise altered. The attack to which he ascribes the origin of the affection may have been a partial sunstroke, but the subsequent symptoms and course of the disease render it more probable that it was a remittent fever, and the skin-affection a true malarial leucoderma. He is not under treatment, having formerly been treated without avail.

BELLVIEW, TEXAS.

Miscellany.

TASTE IN INFANTS.—Professor Preyer, of Jena, in *Popular Science Monthly* for September, on Psychogenesis in the Human Infant:

Professor Kussmaul has described some important experiments on the sense of taste in infants, in which he found that all newborn children could distinguish strong tastes, and that a very different reaction took place when the tongue was wet with a solution of sugar, from that which followed the application of quinine, vinegar, or salt. Signs of distaste were excited by the three latter substances, and of satisfaction by the sugar, which showed beyond doubt that the power to discriminate tastes begins at birth. The opinion that infants will take alike whatever is offered them holds good if at all only of substances whose taste is weak. If the child seems displeased at the taste of a strong solution of sugar, as sometimes happens, that is only the effect of the surprise which all new intense sensations occasion. After the first trial it will want more sugar and show its satisfaction at getting it. The same is

the case with the young of animals, which readily distinguish tastes and seem astonished at new ones; and the newly-hatched chicken will at once select the food, where it is given a choice, which is most agreeable to it. Taste is, then, the first sense which affords clear perceptions, and is the first which gives occasion for the exercise of the faculties of memory and judgment.

HEARING IN INFANTS.—All infants are deaf at birth, because the outer ear is as yet closed, and there is no air in the middle ear. A response to a strong sound is observed, at the earliest, in six hours, often not for a day, sometimes not for two or three days. The awakening of the sense may be recognized by means of the drawing up of the arms and the whole body, and the rapid blinking which a loud noise provokes; and it is a sign of deafness if the child, after its ears have had time to come into a suitable condition for hearing fails to respond thus to a strong sound. No other organ of sense contributes so much to the early spiritual development of the child as that of hearing after it has become fully developed. The superiority of the ear over the eye in regard to this point is shown by the intellectual backwardness of persons who are born deaf as compared with those who are born blind. At the beginning of life, as a rule, the voices of the mother and the nearest relatives afford the first impressions of sound. Very soon these voices are distinguished, and different tones and noises are differently responded to. It is particularly interesting to compare the soothing operation of singing of the cradle melodies with the extraordinary vivacity exhibited on the hearing of dance-music, in the second month. Certain sounds, as those of the consonants *sh*, *st*, and of the male voice, are effective at a very early period in quieting the crying of a child, while other strong and strange ones, like the whistle of an engine, will cause it to cry. Observations on these points, which are easily multiplied, show that in spite of its original deafness the child learns very soon to discriminate between the impressions of sound.—*Ibid.*

SIGHT IN INFANTS.—The faculty of seeing has simular growth. Light seems at first unpleasant, and only faint lights are borne; the baby shuts its eyes tight when a candle is brought near them. Brightness and darkness, if marked, can be distinguished, but with this the office of the eyes in the earliest days is exhausted. The motions of the eyes

are wholly unregulated. One will look to the right, the other to the left; one may be open, the other shut; one will be still while the other moves. Among the many combinations of movements both eyes will occasionally move together, but no real symmetry in the muscular contractions can be predicated for the first six days. The first perceptions are evidently only those of the different degrees of strength of light. These attract attention, and some children are said to have turned their heads to the window after the first day. I have noticed it on the sixth day. On about the ninth day most infants begin to stare, into the void, or if a bright object, as a candle, is brought before them, as if they were looking at it; but it is easily found out by trial that there is no real seeing, for it is only when the light is brought directly within its line of vision that the eye is directed toward it. Not for three weeks will the eye which is turned toward a light follow it when it is slowly moved, and then only with a partial motion of the head. But little intelligence is involved in this, for the movements of the eyes and of the head are often in opposite directions. Nevertheless, the face of a child a month old gains an appearance of intelligence when it looks with both eyes upon a slowly-moving object and follows its motions; but the stupid expression returns, and does not finally disappear till the second quarter-year. The face grows more human and spirited as the power is gained of regarding objects with a steady, independent look. The faculty of accommodation, or the power of rapidly adapting the eye to the perception of objects at different distances, is then in the process of development, and the unsymmetrical movements of the eyes gradually cease.

The power to distinguish colors follows. One child prefers yellow, another red; all dislike black and dark colors as well as dazzling bright ones. It is hard to decide when the finer degrees of color and their grades of brightness begin to be recognized, for the time differs with the individuals. I do not know of any child that could point out red, green, yellow, blue, correctly on demand before the beginning of the third year.—*Ibid.*

SMELL OF INFANTS.—The sensations of smell can hardly be separated from those of taste. Infants appear able to distinguish odors very early, but what extent has not been ascertained. They are able to tell one kind of food from another by this means,

and have been known to decline the acquaintance of a new nurse whose presence was disagreeable to them. It is known that animals that are born blind are guided to their food—the mother's milk—by this sense. Some odors, as that of tobacco smoke, have been found disagreeable to young animals; others, as that of camphor, pleasant.—*Ibid.*

THE "ODOR OF SANCTITY."—The pious "monks of old" imagined that holiness was often proportioned to a saint's filthiness. St. Ignatius, say they, delighted to appear abroad with old dirty shoes; he never used a comb, but allowed his hair to clot, and religiously abstained from paring his nails. One saint attained to such piety as to have nearly three hundred patches on his breeches, which after his death were hung up in public as an incentive to imitation. St. Francis discovered by certain experience that the devils were frightened away by such kind of breeches, but were animated by clean clothing to tempt and seduce the wearers; and one of their heroes declares that the purest souls are in the dirtiest bodies. Brother Juniper was a gentleman perfectly pious on this principle; indeed so great was his merit in this species of mortification that a brother declared that he could always nose Brother Juniper when within a mile of the monastery, provided the wind was at the due point. Many stories are told of lions and other fierce beasts of prey rushing upon such holy men in the desert, but suddenly stopping in their career, and flying away with every sign of fear and terror; which may well be credited, the "odor of sanctity" being too much for the olfactory nerves of a lion.

NOT A NEW DISEASE.—The Philadelphia Board of Health has within a day or two past made inquiries as to the professional status of the signer of a death-certificate presented to it, in which the cause mentioned was "*collary fantem.*" As the result showed, this was a bad spell of cholera infantum. The author of the certificate proved to be one of Buchanan's model graduates, who had purchased from that notorious individual the license either to kill or to cure, as fate or accident might decide, for the sum of fifteen or twenty dollars.—*College and Clinical Record.*

CANADA MEDICAL AND SURGICAL JOURNAL.—The success of this excellent journal has enabled its editors to increase its size twenty pages.

GOLDWIN SMITH ON DOCTORS.—At the annual dinner of Trinity Medical School, Toronto, Mr. Goldwin Smith, responding to a toast, spoke of the singular fact that quacks get much sympathy from the masses, who regard them as persecuted men of genius. He also said that there was no body of men—and he made no exception—to whom the world owed greater gratitude than it did to physicians. There was no body of men from whom society received so much and to whom it paid so little (San Francisco Western Lancet). He thought a man setting out in the medical profession must have almost the spirit of a missionary. He must set out for the purpose of doing good and not for reward. He was the slave who always worked. The lawyer had his vacation. Even the clergyman might leave his little flock for a time in the wilderness and take his holidays. But the medical man had no moment to call his own. He was at the common call at all hours, and he had often to deal with humanity in its most repellant states; but still he reaped a rich reward in doing boundless good, and had the regard of the sick man as his best friend in the very best sense.

GOURMANDS AND GOURMETS.—It may be worth while to point out how the *gourmet*, or the epicure, who eats to combine health with enjoyment, is superior to the *gourmand*, or glutton, who piles his plate with a pyramidal mass of edible substances merely to gratify an enlarged and debased appetite, without any thought as to how these incongruous elements are to be assimilated (The Caterer). Thus the common councilman, hastily ladling up lumps of green-turtle fat, and washing them down his throat with a torrent of cold punch, does not present an agreeable spectacle; nor is he, as he flatters himself he is, the object of envy of the refined gentleman who infinitely prefers a chop red-hot from the gridiron, with a snowy potato fresh from the hissing saucepan, to the half-cold greasy mess upon which our city friend regales himself with evident satisfaction. We read of Diogenes meeting a young gentleman on his way to a feast, taking him up in the street, and at once restoring him to his friends as one who was about to incur a great danger had he not prevented him. But what would that amiable philosopher say nowadays were he to meet the young man of the period on his way, about half past eight of a summer's evening, to some such dinner as that described by the famous

Mrs. Hoggarty: "Every thing in the most sumptuous style; soup top and bottom (white and brown), resumed by turbit and salmon, and immense bowls of lobster sauce," and so on.

The late Mr. Walker, the author of the "Original," was an excellent specimen of a *gourmet*. He was one of those who made simplicity the grace of his table, and there can be no more admirable contrast between what he called the "barbaric ornaments" of the gorgeous encumbered style of dinner; an instance of which he gives when called upon to carve a tongue, and finds his operations impeded by a couple of ranunculuses stuck into it, sculptured, one in turnips and the other in carrots; and a dinner he describes in the same paper as having taken place at the Atheneum, which consisted of half a dozen oysters, a water-zoutchie of flounders with brown bread and butter, a grouse with French beans to follow, a bottle of claret, and then a cup of coffee. Thackeray used to say that the above was the best dinner a man could have, only he substituted fresh herrings for flounders. Men of good taste are so in all matters, and would no more tolerate or imitate the flashy, trashy *entrées* of the *parvenu's* table than they would the gilded hammercloths, gigantic armorial bearings, and the glittering harness of his equipage.

SOUND EMANATING FROM THE EAR.—Dr. V. Bremer, in *Hospitals Tidendo*: The author reports a case in which was noticed the unusual phenomenon of sound emanating from the ear of such intensity that it could be heard a distance of ten feet (The Physician and Surgeon). The patient was a boy aged nine years. The meatus auditorius externus of both ears was well formed and presented nothing abnormal. The right tympanum seemed irregular, curved in, and dull. It was otherwise delicate and transparent and movable. The left tympanum was normal; some chronic catarrh; no narrowing of eustachian tube; hearing not impaired. On the first examination no sound was heard, but a couple of days later a sharp ticking was heard at a distance of about ten feet, the ticks having a frequency of about one hundred to one hundred and fifty per minute. It resembled the sound that is produced by drumming with the nails on an oilcloth spread upon a table. It lasted for about ten minutes, became gradually fainter and then suddenly ceased. It was heard most distinctly near the external ear. The

patient was able to produce the sound voluntarily, but could not account for its production, and made no motion with his jaws or the muscles of deglutition. Even when the sound was the most intense no motion whatever of the tympanum could be discovered.

The things of peculiar interest about the case are its voluntary production, the force and rapidity of the sounds, and the unusual occurrence of such phenomena. The author supposes that the sound was caused by the action of the muscles of the internal ear, and especially the tensor tympani, as being the most powerful. No visible movement was present, but the author thinks that a rapid vibration might take place without being seen. What essentially produced the sound can not, of course, be decided, but the osseous character of the sound indicates that the ossicles of the ear were concerned in its production. The therapeutics consisted in roborant diet, treatment of the catarrh, and psychical influence, merely a stern injunction to abandon the disagreeable habit of producing it.

A FRENCH DOCTOR ON GLUTTONY.—According to Dr. Delaunay, in a recent essay on biology addressed to the French Academy of Sciences, the profession or calling in modern French society most remarkable for vivacity at the dinner-table is the clerical profession. First on the list of gluttons he places prelates and priests; secondly, diplomatists; thirdly, magistrates; fourthly, superior state functionaries, such as state councillors and others of similar rank; fifthly, bankers and financial men; sixthly, independent persons, who live on their incomes in idleness; and lastly, artists and literary men. With regard to gentlemen of the brush and chisel, it is the painters who are more addicted to inordinate eating than sculptors, painters of what is called *genre* being more *gourmand* than landscape painters. Women are more greedy than men, milliners being decidedly greater gluttons than dressmakers.—*The Caterer*.

FASTING MATCHES.—The young doctor at Lyons, to whom we recently referred, commenced his fast in that town; but after enduring great torment for a week, the would-be Dr. Tanner's rival was compelled to abandon his self-imposed task. He is described to be in a sad condition. A milk diet has been recommended and adopted.—*Medical Times and Gazette*.

Selections.

Nerve Influence on the Tissues.—Since the year 1869 Dr. Brown-Séquard has noted the power possessed by the central nervous system, under the influence of certain irritations, to arrest the nutrition in different tissues and organs (*Lancet*). The maximum arrest of the interchange between the tissues and the blood is produced by a puncture near the point of the calamus scriptorius, but it is also caused by stimulation of other parts of the cerebro-spinal center, and even of the sensory nerves. After fatal injuries which cause death by sudden arrest of these interchanges and arrest of the respiratory and cardiac movements there are no convulsions, the blood in the veins is red, the temperature of all parts of the body rapidly falls; the functions of the spinal cord, of the nerves, and of the muscles are maintained for a long time, and cadaveric rigidity and putrefaction set in late. He has lately found that the medulla oblongata and spinal cord possess so powerful an influence on the interchanges of material of the body that the arrest of these can be produced by merely flexing suddenly the head on the thorax. Two effects can then be observed: 1. The blood in the veins, previously dark, becomes almost immediately a bright red; 2. The temperature of the animal falls. In addition, considerable apnea comes on. The apnea would cause the blood in both arteries and veins to become darker, but in spite of this influence the blood, even in the veins, becomes lighter. Dr. Brown-Séquard has often observed this phenomenon in cases of apnea, with or without cardiac syncope, produced by irritation of the cerebro-spinal center of the pneumogastric nerve or of the ganglia of the abdominal sympathetic. It may be asked, however, whether the effect of the injury to the medulla on the color of the blood is not due to the stimulation of the alleged vasodilator nerves? The following observation disproves the hypothesis: When there is an arrest of the interchange of material between the blood and the tissues, the vessels, instead of being dilated, present a notable diminution of caliber. Dr. Brown-Séquard found that in an animal in which the dorsal spinal cord had been divided irritation of the medulla and spinal cord, such as will cause the effects above described, produces these every where except in the parts which receive their nerves from the portion of the spinal cord which is separated from the brain. Hence it is certain that the effects are produced through the agency of nerves coming from the medulla or cord and acting upon the tissues.

A Simple Treatment of Ozena.—Any simple treatment which is efficacious in so troublesome a complaint as ozena is a desideratum (*Med. Press and Cir.*, August 18th). Dr. Gottstein (*Berlin Klin.*) believes that ozena is due not to congenital narrowing of the nasal fossæ, but to their being too wide. The current of expired air loses its force and becomes powerless to remove the products of secretion, which being retained become fetid. The author has always found a condition of atrophy and anemia of the mucous membrane of the turbinated bones in ozena. He has always found advantage in plugging the nostrils with cotton wool so as to allow the passage of air. Under the influence of this plugging the mucous membrane resumes its vitality, the secretions become normal again, and the ozena is cured.

Traumatic Cardiac Hernia.—Notes by Grenfell Baker, M.R.C.S., of Birkenhead:

P. R. (Lancet, August 14th), aged forty-eight, was admitted on March 4th, with the following history: While engaged unloading some bars of iron on board a ship by means of a crane one of the bars slipped from a height of about ten feet above him, and its point struck him over the region of the heart. The bar was stated to be about twenty-five feet long and three inches broad. He was immediately rendered insensible, and remained in that condition about half an hour, when, having partially recovered consciousness, he was conveyed to the hospital.

On admission he was in a collapsed state, and spoke with difficulty, the effort required for so doing appearing to cause him great pain. Very great pain was complained of over the cardiac region, and on examining this spot comminuted fractures of the second, fifth, and sixth ribs were found. On coughing or deep inspiration, a very prominent bulge occurred over the site indicated. A tumor thus formed extended above the surrounding surface about an inch, and measured two inches across, and beat synchronously with the pulse. The parts were gently pressed into position, and a shield of tin covered with lint was adjusted over the broken ribs and firmly strapped to the left side of the chest, and a broad bandage was applied over all. Perfect rest in the dorsal position in bed enjoined and frequent small doses of opium given.

No bad symptoms occurred till the fourth day, when the pulse rose from 70 to 100, and the temperature from 98.8° to 102°, and some difficulty in breathing and pain over the injured parts were complained of. Auscultation revealed nothing abnormal, and two days later the patient's condition returned to the normal. Three weeks after his admission into the hospital the ribs were found to be firmly united, and the heart and lungs appeared to be in a quite healthy condition. The shield was ordered to be worn a fortnight longer, and patient went home in all respects quite well, and he has since never complained of any discomfort referable to his injury.

Remarks. From the great weight of the bar of iron that caused the injury in the case and the height from which it fell, striking the man directly with its point, it appears very remarkable that greater damage was not done than actually occurred. This case also shows that, although the pericardium must have been a good deal irritated, both from the force of the blow in the first instance and the friction of the broken ends of the ribs against which it pressed when the heart protruded, yet no inflammation or other trouble arose, and the heart itself escaped all injury. The insensibility was very profound and immediate, and lasted nearly half an hour, and the general condition of shock for six hours.

Bromide of Potassium Spray in Hooping-cough.—The good effects of bromide of potassium in the treatment of hooping-cough are well known to all practitioners (Med. Press and Cir., August 18). According to Dr. Wintreben (*La France Médicale*) the action of this remedy may be made still more efficacious by bringing it in contact with the mucous membrane of the air-passages in the form of spray. The author habitually uses a solution of bromide of potassium, one in twenty, and repeats the application of the spray for one minute after each fit of coughing, when the mucous membrane of the breath-passages, free from the mucous which usually covers it, is accessible to the action of the remedy.

Therapeutic Value of the Iodide of Ethyl.—Dr. Robert M. Lawrence, of Boston, in Cin. Med. News:

1. In the paroxysms of spasmodic asthma and in other forms of nervous dyspnea ethyl iodide appears to act as an anti-spasmodic by relaxing the muscular contraction of the bronchial tubes. Their caliber being widened, more air finds access to the pulmonary vesicles. The blood becoming once more properly oxygenated, the phenomena of dyspnea are replaced by freer respiration. Hence the drug may also be said to act by lessening excito-motor action.

2. In the dyspnea incident to bronchitis and to chronic affections of the air-passages it promotes a free mucous secretion. Since this secretion becomes at the same time of a more fluid consistency, air is more readily admitted to the lungs. The action of the drug is here partly expectorant, and resembles that of the alkalies. But since in bronchitic dyspnea there exists usually, if not always, a reflex contraction of the bronchi, the anti-spasmodic quality of the drug is also of value in these cases.

3. If we admit that a frequent cause of dyspnea is an acute tumefaction of the bronchial mucous membrane, owing to a dilatation of its blood-vessels, through vasomotor influence, we may infer that ethyl iodide gives relief by causing a contraction of the capillary vessels.

4. When a difficulty of respiration is caused by pressure on the air-tubes, of enlarged and indurated bronchial glands, it is reasonable to expect benefit from the continued use of iodine, administered by this method.

5. When embarrassed breathing is caused by a *passive congestion* of the bronchial mucous membrane, which in turn is due to an impeded circulation through the lungs or heart in organic affections of those organs, marked benefit can hardly be expected from the drug in question. Yet in cardiac dyspnea good effects have occasionally been observed from its use.

6. In general ethyl iodide appears in some way to favor the oxygenation of the blood, and thus stimulate, in a reflex manner, the respiratory muscles. Thus the increased buoyancy of the act of breathing, experienced in widely-different pathological conditions, as a primary result of the inhalation of this drug, may be intelligently explained.

Arsenic in Chorea.—According to *Bouchardat's Ann.* we find that from observations made in the service of M. Siredey by M. Pomel, upon the treatment of chorea, the following deductions are made (Med. Press and Circular): 1. Of all the remedies employed in chorea those which are the most rapid and sure are the arsenical preparations—particularly arsenious acid, which at once produces rapid amelioration of the symptoms and brings about a speedy cure. 2. Grave cases of chorea that have resisted other treatment yield, frequently with promptness, to arsenic. 3. To obtain the full benefit of the arsenical treatment it is necessary to administer the medicine in such doses as to produce as speedily as possible the constitutional effects or signs of arsenical saturation. 4. Even in children affected with chorea no hesitation should be felt in giving strong doses of arsenic in order to reach the point of saturation quickly. 5. Without denying the possibility of danger in the use of arsenic in the treatment of chorea, yet no case has thus far been recorded to establish the fact.

On Pilocarpin in Asthma.—Dr. William L. Mackesy, M.B., writes in the British Med. Journal of August 7th:

P. M. is a warder of H. M. prison, Waterford (of which I am surgeon), and is about fifty years of age. His heart and lungs are perfectly sound, and neither father nor mother suffered from asthma. He had been for many years in the Royal Irish Constabulary; but, having one day fallen asleep in the open air, he awoke very much chilled; and from this he dates his first attack of asthma. He tried to carry on for some time, but the attacks becoming more severe and frequent, he had to leave the constabulary service. He then entered the prison service as warder; and his health, although he still suffered from occasional attacks, was much improved for about five years. This I attribute in great measure to the exceptionally high ground on which the prison is placed. Last October, however, he was again attacked by asthma, complicated by acute bronchitis of both lungs, and very nearly lost his life. He, however, recovered, but since this time has been a martyr to the disease, with occasional remissions for a few weeks, and from the 4th of April, 1880, to the end of last June had entirely to give up duty. I tried all the usual remedies: smoking of stramonium and datura tatula, bromide of potassium, lobelia, etc.; also, I am almost ashamed to say, some patent papers for burning, viz. ozone-paper and Palmer's anti-asthmatic papers (the latter, it is only fair to state, in general giving prompt relief to the dyspnea.) He was about resigning his position in despair, when Dr. Berkart's valuable articles on the treatment of asthma fortunately appeared in the British Medical Journal; and on June 25th I gave him his first injection of pilocarpin, using Messrs. Savory & Moore's disks for the purpose, and commencing with one twelfth of a grain. This had no perceptible result; so next day I increased the dose to one fourth of a grain. This was followed by the usual effects—salivation and diaphoresis. There was no depressing effect on the heart's action, and he spent an unusually quiet night. Next day, and every day following for a week, I injected one third of a grain with most beneficial results. One day, indeed, he suffered for a short time from nausea and vomiting, but this soon passed off. He resumed his duty as prison warder on July 4th, and he informs me that he now sleeps the whole night, and with the exception of a slight "choky" feeling on awaking first thing in the morning, which soon passes off, says he "never was better in his life." I am at present giving him arsenic internally and an occasional injection of pilocarpin. His appearance is much improved, and he is evidently increasing in weight.

A Case of Quassia-poisoning.—On June 30, 1880, Annie B. (Lancet, August 14th), aged four years, was taken to the hospital by the mother, who stated that for several weeks it had suffered from prolapsus recti after action of the bowels, and that it had very frequent desire to go to stool, remaining sometimes half an hour on the seat, straining violently. She had never seen any threadworms, but fancied all her children had them. Suspecting that ascarides was the cause of the prolapsus, the nurse was ordered at 1:30 P. M. to give an injection of six ounces of simple infusion of quassia. With the exception of a tablespoonful all was retained, and the child taken away. At 3 P. M. the mother returned, saying that the child was only just alive, she having in the meantime taken it to a friend's house. She also stated that in

taking it from the hospital it reeled very much, as if tipsy, and that she was obliged to carry it to this temporary lodging. Mr. Reckitt visited it at once, and found it in an alarming condition, reclining on the knee of a woman present. It was ghastly pale; the lips were bloodless, the head thrown back, the surface cold, eyes closed and pupils contracted, with no action to light; respiration inaudible, and the pulse not to be felt. It was quite unconscious.

The feet were placed in very hot water, which immediately roused the child with a violent scream. Some strong brandy and water was given and swallowed with difficulty, but the pulse returned. The child was kept roused by having the feet placed occasionally in hot water and mustard cataplasms applied to both calves. There seemed to be a strong desire to sleep, when the pulse became much slower and more feeble, so the feet were again put into hot water, and small but strong doses of brandy were given internally. After an hour and a half the child vomited once, and then seemed a little better, but continued quite unconscious. Half a dram of ether, one dram of compound spirits of ammonia, and half an ounce of brandy diluted with warm water were injected into the rectum and retained by means of the finger applied to the anus. This acted most favorably, for the color returned to the lips and face, the surface became warm, and the breathing and pulse more natural. During all this time, except when allowed to sleep, it moaned very much. The color, respiration, and pulse being much improved, the child was allowed to sleep. At 6 o'clock the child was roused and a little brandy was given. At 6:30 P. M. it was conscious, and looked quite well, though sleepy. Some cold milk was ordered. The quassia injection did not act as a purgative, the bowels not having been moved since its visit to the hospital.

Remarks. From inquiries afterward it was ascertained that the dispenser had by mistake placed the concentrated infusion in the bottle set apart for the simple infusion, and thus an overdose of quassia had been given; and added to this, its entire absorption had produced these most alarming symptoms, which from first sight seemed to threaten to prove fatal. In this dilemma, and knowing no antidote, but believing its toxic effects to be exerted upon the nervous system as a narcotic and depressant, as the symptoms plainly indicated, the hot water was resorted to first to rouse the child, and then stimulants to complete the safety.

Sulphurous Acid.—The British Medical Journal reports the publication by Prof. Gamgee of a new and convenient mode of using sulphurous acid, the disinfecting qualities of which are universally known. Cold alcohol, the Professor asserts, will dissolve three hundred times its own volume of the gas, and a fluid possessing such powers of concentration can not but be as efficient as it is portable and convenient. A few drops of the sulphuretted alcohol in the bottom of a trunk will disinfect any clothing that may be put into it; and fungus germs, such as must in casks, etc., may be destroyed by the use of a very small quantity.

Sweating of Hands and Feet.—A correspondent sends us some leaves of the common plantain (*Plantago media*), which he says are effectively used in his neighborhood for the cure of sweating of the feet. They are placed inside the shoes and are said to harden the skin and cure the excessive perspiration in a few days.—*Med. Press and Circular.*

Treatment of Night-sweating of Phthisis by Agaricus Muscarius.—Excerpt from Dr. William Murrell's article in the Practitioner of August :

For the last six months I have used the agaricus muscarius in the treatment of the night-sweating of phthisis. The preparation employed was a one-per-cent solution of a liquid extract of about the consistence of treacle, which was kindly placed at my disposal by Dr. Ringer. The extract was, I understand, made in England from fungi obtained from Germany. I have treated in all twenty-six cases—sixteen men and ten women—their ages ranging from forty-six to ten. They were all out-patients, and all were phthisical, many of them having cavities. In almost every instance the sweating was very profuse, none but well-marked cases being chosen. It was found that five minims of the one-per-cent solution of the extract was the smallest dose on which reliance could be placed, although in some instances smaller quantities succeeded. It was usually given in a little water, three times a day, but it answers well if given only at bedtime. A good plan is to give the three doses during the night, or at intervals of about an hour before going to bed. There is usually no improvement on the first night, but on the second or third nights the sweating is distinctly less, and by the end of the week has ceased, or is at all events so slight as not to put the patient to any inconvenience. In most cases the muscarius alone was given, but in a few instances the ordinary treatment was continued. It stops the sweating without the production of any abnormal dryness of the skin. The medicine is almost tasteless, and is taken without difficulty. One patient complained that it would not keep, and went bad before the end of the week—the addition of a few drops of spirits overcame that difficulty.

There is no danger in taking the medicine, for a delicate young woman of twenty-three took fifteen minims every three hours for a week and then twenty minims every three hours for another week, without the production of any symptoms.

Muscarine appears to act in much the same way as picrotoxine and pilocarpine. The latter have at present the advantage, as they are more readily obtained. In using agaricus muscarius care should be taken to see that it is the real drug that is procured. Its power of arresting the action of the frog's heart when topically applied is the test of its activity.

The Collection of Data at Autopsies.—Dr. H. P. Bowditch, in Boston Med. and Surg. Journal of August 12th :

Some of the most important of Prof. Beneke's results may be briefly stated as follows :

1. Before the period of puberty the aorta is larger than the pulmonary artery; after this period the relation is reversed.

2. The aorta and pulmonary artery are smaller in the female than the male, even at those ages at which the size of the body is greater in the female sex.

3. In adult males the volume of the lungs is greater than that of the liver. In adult females the reverse is the case.

4. In men the volume of the two kidneys is less than that of the heart; in women it is greater.

5. Children have a relatively larger intestinal canal than adults.

6. A sudden increase in the size of the heart occurs at the period of puberty.

7. The iliac arteries diminish in size during the first three months of life.

8. The cancerous diathesis is associated with a large and powerful heart, capacious arteries, but a relatively small pulmonary artery, small lungs, well-developed bones and muscles, and tolerably abundant adipose tissue.

9. Pulmonary tuberculosis is often associated with an unusually small heart.

10. In rachitis the heart is large and well developed.

Variations of Temperature.—M. Dumontpallier has greatly simplified his apparatus for the refrigeration of febrile patients. He now only uses two vessels, which are both placed in communication with the tubes of his coverlet. The one, being raised about sixty centimeters above the bed, acts as a reservoir; the other, placed on the ground, acts as a receiver. When the vessel which has served as a reservoir is empty it should be placed on the ground, and that which has served as a receiver should be raised sixty centimeters. The flow of water is thus established in an inverse way. M. Dumontpallier's numerous researches have given him the opportunity of observing the rise of the temperature at different hours of the day and night. He has noted the following variations: The temperature rises gradually from 8 o'clock in the morning to 6 or 8 in the evening; it falls from 6 to 8 o'clock in the evening till midnight; it remains stationary from midnight till 8 in the morning. It hence results that to protect the patients from the dangers of excessive bodily heat it suffices to lower their temperature from 8 in the morning till 8 in the evening.—*Brit. Med. Journal*.

Treatment of Perspiration of the Feet.—Dr. Ortega (*La Prat.*) advocates the use of a solution of chloral in this affection (Med. Press and Cir., August 18th). A patient of his, a strong man working in an ice manufactory, suffered from it in an extreme degree—so much so that his fellow-workmen would not work by his side. The epidermis of the sole of the feet was white, as if macerated; there were small ulcerations in the furrows, and also around the nails. The odor was overpowering. Dr. Ortega prescribed baths of a solution of chloral (one in fifty) and wrapping the feet in a cloth dipped in a similar solution. Two days after the smell had entirely disappeared. Six days later, the treatment being continued, the ulcerations were less moist and covered with a layer of epidermis.

High Temperature Due to Constipation.—Dudley P. Allen, M.D., in Boston Med. and Surg. Journal of August 12th: A patient with mammary abscess had for eight days been treated by poultice, and the abscess had discharged freely, and was rapidly healing. The temperature had not risen at any time above 99° F. For four days patient had had no movement from the bowels, when one morning the temperature rose to 104.5° F. An enema of soapsuds was given, and in less than an hour after this had operated the temperature fell to 100° F., and continued normal afterward. Patient made no complaint, nor was there any phenomenon of any sort to account for the high temperature unless the constipation would do so. No remedy was used except the enema.

A successful case of transfusion of blood is reported by Dr. Joseph W. Howe, in the New York Medical Journal.

Sterility.—In the *Bulletin de Thérapeutique*, of June 15th, Dr. Charrier publishes a paper which he read at the Paris Société de Médecine. It terminates with the following conclusions (Boston Med. and Surg. Journal): 1. In some rare cases, in women who are otherwise quite well, the utero-vaginal secretions are quite sour, as is seen by their reddening litmus. 2. This acid may prove an absolute obstacle to fertility, as spermatozoa are killed in even a slightly acid medium. 3. This abnormal state is to be remedied by an alkaline treatment, by means of alkaline drinks and baths and tepid alkaline injections. 4. When this acid condition has been neutralized conception may take place. (Two cases in point are detailed.) 5. This disappearance of acidity under the influence of alkaline treatment may explain the success which is obtained at alkaline and sulphuro-alkaline mineral-water establishments in the treatment of sterility. In a note in the Bulletin of June 30th Prof. Pajot entirely confirms this statement, and says that for many years past he has been prescribing injections of Vichy water in these cases of acid vaginal discharges. He observes that in fair women, and especially those with a red complexion, and more rarely in brunettes, the acidity of the secretions sometimes reaches such a point that in spite of the extremest cleanliness the acid odor is perceived during the passage of the speculum. Dr. Charrier says that the best liquid for injection in these cases is that devised by Byasson (water one thousand grams, the white of one egg, and fifty-nine grams of phosphate of soda), in which he was able to keep spermatozoa alive for twelve days at a temperature of 36° C.

Pilocarpin in Uremic Convulsions.—Leven (*La Presse Médicale Belge*) advocates the use of subcutaneous injections of pilocarpin in uremic convulsions (Med. Press and Circular). A young girl, affected with albuminuria, was seized with convulsions with complete anuria. Two injections of hydrochlorate of pilocarpin had no effect, but at the third the remedy produced its ordinary effect. The patient, who was comatose, gradually came to herself, at the same time profuse perspiration and abundant salivation were produced. After a fourth injection the convulsions ceased and the patient recovered. The temperature oscillated between 37° and 38° C. The saliva contained ten per cent of albumen.

Pilocarpin in Lead Colic.—Weinberg (*Deuts. Archiv f. Klin. Med.*) has seen pilocarpin succeed where the ordinary medicines—opium, cathartics, etc.—have failed (Phila. Med. Times). Doses of 0.02 centigram subcutaneously injected caused salivation and profuse sweating, with a simultaneous decrease in the pain, and a little later copious passages from the bowels. In one case, where subcutaneous injection of 0.015 milligram of pilocarpin did not give relief, an enema containing 0.085 milligram produced the desired effect.

Treatment of Phthisical Cough.—M. B. recommends a trial of the tincture of gelsemium in fifteen-minim doses (British Medical Journal). He has found it effectual when all other treatment has failed. Dr. T. F. Pearse recommends the tincture of gelsemium sempervirens in twenty-five-minim doses three times a day. He generally prescribes it with dilute phosphoric acid. If there be much expectoration compound tincture of benzoin is often useful.

Mr. T. Garrett Horder strongly advises "Phthisis" to try the effect of hydrobromic acid in doses of twenty minims. It may be given with the addition of spirits of chloroform. He has also found the inhalation of the vapor of iodine very useful in chronic cough. Another correspondent recommends fifteen minims of hydrobromic acid and ten minims of chloric ether in a dessertspoonful of water four or five times a day, with a pill containing a quarter of a grain of codeia three times a day. Mr. A. de Winter Baker recommends "Phthisis" to try the following formulæ: *R* Tincturæ pruni Virginianæ, ʒj; Glycerini, ʒss; Nepenthe (Ferris and Co.'s), ℥v; aquæ, q. s. He generally orders it to be given when the cough is troublesome, and repeated in three or four hours if required. In troublesome cases he also orders a double dose to be given at bedtime. He has never known it fail to relieve cough; and it can be taken for a long period of time without disturbing the digestive organs.

The Night-sweats of Phthisis.—Dr. Köhnhorn reports two cases which had resisted the successive employment of quinine, atropin, digitalis, boletus caricis, folia salviæ, and various external lavements, frictions, inunctions, etc. These cases were quickly cured by the external application of a powder prepared after the following formula: *R* Acid. salicyl. gr. xlviij; amyl. ʒiiss; talc earth, ʒ iii. *M. F. pulv.* The entire surface of the body is powdered over with this preparation. To avoid the excitation of coughing by the salicylic acid, patients are directed to apply a handkerchief to the nose and mouth during its application. The same powder has been employed in the army for the treatment of hyperidrosis of the feet.—*Berliner klin. Wochenschrift; Practitioner.*

An Epilatory for Use in Favus.—In an article on the treatment of the different forms of tinea Dr. Claudat, in his thesis, proposes the following epilatory application in favus (Med. Press and Circular): Prepared lard, 25 grams; glycerin, 5 grams; carbonate of soda, 4 grams; powdered quicklime, 2 grams; powdered charcoal, ½ gram. After a variable time, but rarely more than ten or twelve days, the skin assumes a rosy tint, sufficiently intense to assure us that we may commence the process of epilation. We may now seize with the fingers the hair which we have previously had cut short (about two centimeters long) and draw them out without the least pain. A lotion of corrosive sublimate may now be applied for about eighteen days and then an ointment of aroroba.

Benzoate of Soda in Gonorrheal Ophthalmia.—Lyon Medical tells us (Med. Press and Circular) that Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well-marked case of gonorrheal ophthalmia, recovery taking place in a few days without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a twenty-per-cent solution and tannin in a ten-per-cent solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of one hundred per cent solution of benzoate.



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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

CHLOROFORM.

"The Empire is peace," said Napoleon; and so truly that when the Empire went to war it vanished. So we may say that surgery is anesthetics. Not that it would vanish if these ceased to exist, for its life and growth without them bars all such assertion. Yet if we could imagine that now, having once tasted of the sweets of anesthesia, surgery was relegated to the days of struggle and pain, how cheerless would be the art! And dropping such casuistry, if we picture the time, which we all fondly hope may yet come, when we are in possession of a perfect anesthetic which will control pain and motion, with or without consciousness as we may choose, free from all danger and completely under our will, we can easily conceive for surgery not only happier but surer paths. As matters now stand, as much as we are indebted to anesthetics, there are few surgeons so callous or confident as to forget their possible dangers. There are many we know with whom this thought is ever present, and who go into an operation troubled as much concerning the anesthetic as about the knife.

There is no more important study in surgery than that of anesthetics, and we have felt immensely obliged to Dr. J. C. Rogers for giving to us in convenient form the latest and best words upon the subject. In an admirable review, published in the last number of Hays's American Journal of the Medical Sciences, he collects the views of

Kappeler, as given in Part XX of German Surgery, of the Committee on Anesthesia in the British Medical Association, and of our countryman, Lawrence Turnbull. Without stopping to discuss the exalted or special positions these authorities hold in the science of this subject, we pass at once to the brief consideration of their work which our editorial permits.

The geography of the anesthetics is first discussed. It is ether and chloroform only that have as yet great territorial fiefs; their later rivals possessing an occasional stronghold only here and there. Ether and chloroform divide the earth; and chloroform, in the magnitude of its empire, overshadows its elder sister as mighty Russia does the kingdom of Greece. It possesses undisputed sway in Germany. It is the anesthetic of Austria, though Billroth distrusts it to the extent of adding one part of ether and one of alcohol with three of chloroform. With the exception of Lyons, all of France adheres to it. In Great Britain only since the year 1870 has ether made inroads of any consequence upon it; and though Dr. Kappeler informs us that ether has the preference in many of the metropolitan hospitals, and is finding its way into the country, we may believe that chloroform is still by long odds the British anesthetic. It is in this country that ether has its greatest hold. Boston, and New England following its lead, is religiously for it. So, too, throughout the North generally we take it that ether is in immense favor; but times have changed greatly if even within these lines there are not large surgical clinics at which chloroform is the rule and ether the exception.

We are pretty certain the South is "solid" for chloroform.

These are interesting points. They do not show that chloroform is the better agent on account of superior safety, but the surgical world, like any other world, is a trouble-saving world. Chloroform is a far more convenient agent than ether. It brings sleep quickly and surely; it leaves no horrible smell behind for a day or so; and then, too, while it has slain its hundreds, and no doubt its thousands if the bulletins were all in, its pious sister has not failed in a quiet way to bag no inconsiderable number. But we did not intend to discuss their merits just here.

Deaths under anesthetics and their causes form the far more important part of Dr. Rogers's review. Dr. Kappeler says three hundred have been credited to chloroform, but is certain that many are unknown. We should say so. Without effort we recall four cases of death from chloroform in this locality during the last twelve years, and rumor trebles that number during the period since chloroform was first introduced. It could scarcely be possible that Louisville was so unfortunate as to contribute so large a percentage of all disasters. Dr. Kappeler's computations on the ratio of deaths to the number of inhalations are no more satisfactory than those of his predecessors. They range from one in five hundred and twenty-six up to fifteen thousand (Nussbaum) inhalations and no death—the old lottery. But Dr. Kappeler reasserts—not without due consideration, for he is unimaginative and fair—that, in spite of its disasters, deaths under chloroform are no more frequent than they were under the shock and fright of pre-anesthetic days.

The wherefore of deaths under chloroform is no more satisfactorily explained. Mr. Lister's opinion, that it arose chiefly from an "overdose from too long continued administration," is overthrown by the fact that nearly fifty per cent of the deaths occurred before narcosis was complete—many during the very earliest stages. Nor does idio-

syncrasy help matters, as many have died under chloroform who had taken it with impunity before. If "impure chloroform" be a cause, the purest manufacture is no preventive. Mechanical and chemical theories have all lacked in proof. "Faulty administration" has been the widest theory of all; that "my way" would have prevented the fatal issue is very seductive to surgical conceit. That there is a proper way and an improper way of administering chloroform is of course an ordinary surgical tenet; but the thing is to account for the deaths which have taken place with all recognized precautions. The number of deaths which have occurred from fresh administration of the anesthetic, when the patient was partially under its influence, pointed to the overwhelming of the patient by the agent. Experiments with lower animal life demonstrated what per cent of anesthetic vapor was safe, and inhalers were invented to maintain a certain per cent only. Clover's bag was the best of them, and yet out of fifty-six fatal cases five of the patients had the chloroform from this bag.

The mode of death from chloroform is as obscure as its causes. There have not been quite as many doctrines concerning this, says Dr. Rogers, for the number of organs was limited. "The blood, the nervous centers, the heart, and the lungs have each severally been looked on as the special seat of action of the deleterious influence. Asphyxia, syncope, paralysis of the heart, interference with the functions of the nervous centers, of circulation and respiration, destruction of the blood corpuscles and of the nerve-cells," etc. have each had special advocates, and they have not been generally accepted. Even the fond theory of fatty degeneration of the heart goes to the ground under the post-mortem examinations. It is probable that death starts oftener in the respiratory functions than in the heart; but "the causes of death are various and the modes of death are different." Richardson gives four classes: "death by syncopal apnea, by epileptiform syncope, by cardiac

paralysis, and by depression of the nervous system." Erichsen's familiar classification is "asphyxia, coma, and syncope." Our reviewer discusses also the emotional element which enters into the cause of death; but we exceed our limit. In Dr. Rogers's concluding remarks upon chloroform he says:

A careful, a thorough, an exhaustive study of the action of chloroform, and of the accidents from it, leads inevitably and unmistakably to but one conclusion. With the single exception of the suddenness with which danger appears, there is nothing regular but irregularity, nothing certain but uncertainty. Neither the direction from which the disaster may come nor time of its occurrence is to be relied upon. Even when the administration has ceased the point of safety has not been reached.

He is of opinion, therefore:

It is this irregularity and uncertainty of action which has shaken confidence in chloroform, and the demonstration of this stamps it as a *treacherous* remedy, and shows that no measures of precaution can prevent, no care avert disaster. . . . It is the conviction of this uncertainty and unreliability which has turned the current of professional opinion away from chloroform, which has caused hundreds to abandon its use, not willingly, but sadly, in obedience to the stern logic of facts. We can appreciate and realize the feelings under which they have acted. Honoring chloroform for the wide extension it has made to the bounds of operative surgery, esteeming it as the chief handmaid of their art, cherishing it for the untold human suffering it has abolished, prizing it for the certainty, the celerity, and the pleasantness of its action, they have yet felt compelled to give it up. They have parted with it not without some of that emotion which, it is said, should not enter into science; they have parted from it as they would bid farewell to an old friend, prolonging the last grasp of the hand, delaying to speak the final word, sick at heart with the feeling that but for one fault there could be no other such friend as this.

Yet chloroform is not going to pass into oblivion or even into entire disuse. There are two classes of cases in which, in all human probability, it will still be used, because the benefits resulting from it are immense, and the dangers to be feared from it as nearly as possible at zero. As an anesthetic for children chloroform stands yet unrivalled, and when a better one is found the profession will indeed have cause for congratulation. . . .

Women in labor constitute the other class of cases for which chloroform bids fair to be yet long used. As an assuager of the pains of parturition it has

proved itself efficient, reliable, without danger, and with only disadvantages and drawbacks that can be avoided by such careful and judicious use as should always attend the administration of potent remedies.

But in spite of all this showing we can not help asking, Is the "current of professional opinion" so turned away from chloroform, and are its deserters to be numbered by "hundreds?" Without expressing opinion as to the merits of the case, we simply ask the question if it is not the fact that the convenience of chloroform still outweighs the supposed superior safety of ether, and that short period of coquetry gone by, has not chloroform generally won back its admirers again?

Original.

A CASE OF APHASIA.

BY N. C. STEELE, M.D.

On the 21st of August, 1879, Mr. M., after a short and apparently self-possessed talk in a quiet religious meeting, was suddenly taken with aphasia. He had complained for some days of an aching, burning pain in the right top-center of his head; was in feeble health, and had for years been afflicted with asthma, bronchitis, hemorrhoids, and "liver-complaint." Had pulled fodder in the hot sun for two days previous to his attack. That morning he drove to church, a distance of six miles, taking a friend with him. It was a "protracted revival meeting," but services that day were quiet and orderly, with but little external excitement, though considerable religious emotion was felt. Mr. M. had only a short time before attended day- and night-services of quite an exciting kind, and had taken, for him, quite an active part in that meeting, having talked once during the time. During his talk today he seemed to be, and no doubt was, moved by deep religious feeling as he deliberately and touchingly related his religious experience. I was present, and can testify that he talked deliberately, connectedly, and accurately, detailing events and connecting places, persons, and texts of scripture and sermons readily for twenty years back.

When he was through talking he sat down while others spoke, and nothing wrong was observed until the services were dismissed.

His friend, who was near him, arose to go out, and Mr. M. followed and asked where they were going. He was told they were going home. He then asked where they were and what they were doing, and how came they there. It was then discovered that there was something wrong with his mind, which fact he himself seemed readily to recognize. He complained of being very weak and unable to recollect any thing with any distinctness. He never failed to recognize his friends and comprehend what was at the moment transpiring.

I saw him in a few minutes; found him in a weak, dreamy, stupid condition. He was taken to a friend's house in town. He had a feeble, frequent pulse, a little fever, a rather broad, dry, brown-coated tongue. He presented the appearance of one who was "run down" or "used up" in the battle of life, and whose system was pretty thoroughly saturated with malaria. Had a few chills before and some afterward during treatment. His peculiar trouble was mental, and seemed to consist in extreme *weakness of memory*. He said that all the past seemed like a faint dream, "away back in the dim distance." It seemed to take a considerable effort for him to recognize that there was any past, but finally he would say, "Yes, but it is just like a faint dream." His ideas did not seem incongruous or "mixed." He knew every friend who came to see him, but only *faintly* remembered them. In giving dates he missed the year by about twenty, but did not miss dates as a rule. I visited him several times that evening and next day. He always knew me, but could hardly remember my former visits. Even a half hour seemed to put events almost beyond memory to him. He could not tell any thing about any peculiar feeling until he and his friends discovered his trouble after the service. It seemed to him that he had just waked up out of a sound sleep, in which he had been faintly dreaming, and it was very hard for him to be made to comprehend the situation. He complained considerably of the pain in his head.

Having read a report by Prof. L. P. Yandell, in the NEWS, of several cases under the general term Aphasia, I made a satisfactory diagnosis of the case, and gave the family and friends a rather favorable though guarded prognosis.

I at once put him upon a vigorous anti-malarial and constructive treatment, with brom. potass. for head-symptoms.

He began to improve immediately in ev-

ery respect, his mental condition improving *pari passu* with improvement of his general condition. I kept him under treatment for three months, giving him iron, quinia, phosphorus, hypophosphites, nux vomica, malt, etc. He not only recovered his usual health, but has been in better health since then than for years before. This is due, no doubt, to the vigorous constructive treatment continued for two months. He has a cotton-gin, and he told me that for months after his attack he was very easily "befuddled in his cotton-calculations." He is now in his usual health, but still complains of the peculiar burning pain in (or on) his head.

CORINTH, MISS.

ATTEMPTED SUICIDE BY TAKING MORPHINE AND STRYCHNINE.

THEIR ANTAGONISTIC ACTION WELL SHOWN.

BY E. W. KING, M.D.

August 12, 1880, I was called by Dr. J. Palmer, of this city, to go with him into the country to see H. R., aged over seventy years, who after shooting his son-in-law with intent to kill took four grains of sulphate morphia and in half an hour afterward took a "pretty good quantity" of strychnine, which was undoubtedly much more than a minimum poisonous dose. He took both poisons dry without water about 10 or 11 o'clock A.M. I first saw him about 3 P.M., he was then in the stable hay-loft and presented no well-marked symptoms of any poisons. From his condition we were inclined to very much doubt the truth of his statement. By persuasion and force we succeeded in getting him down from the hay-loft and while doing so observed well-marked twitchings of the muscles in both lower and upper extremities. After getting him to the house and in bed and the room quiet he began to be stupid, and we could now observe the pathognomonic symptoms of morphine-poisoning—contracted pupil; slow stertorous breathing, as few as three to four respirations per minute; slowing of heart's action with occasional intermittence, satisfying us of the truth of his statement; but while thus comatose the muscles of his abdomen and limbs were quite rigid and hard. A sudden noise to arouse him or tickling of the sole of his foot while in this condition would be immediately followed by spasmodic action of the muscles of the extremities and extreme rigidity of the body. This spasmodic action alternating

with the comatose condition continued and no medicine was given until after 6 o'clock P.M. His spasms were then intense, and opisthotonus so great that his body would rest on his head and heels, lasting from three to twenty minutes; they would be followed by an interim of longer time, in which he would present the symptoms of opiate narcotism. At 6 o'clock P.M. the following medicine having been procured its administration was commenced:

℞ Bromide potash..... } āā 3 iv;
Hydrate chloral..... }
Water..... 3 viij.

M. S. Tablespoonful after every spasm.

The alternation of spasms and coma continued until about 3 o'clock the next morning, when after the most severe paroxysm of any he went to sleep and slept until after noon, when he awoke. He gradually recovered in a few days of all weakness and muscular soreness.

This case is undoubtedly an instance of the antagonism of morphine and strychnine. The effects of either were very slow in producing any symptoms. The manifestations of strychnine were the most prominent, and had not the morphine been taken he would probably have died before we could procure the chloral, or the time elapsing would have been so great that the chloral would not prove a successful antidote.

In view of the interest that has recently been taken in the subject of antagonisms of medicines, we concluded this case was worthy of note.

NEW ALBANY, IND.

COAL-OIL POISONING.

BY W. J. MOSS, M. D.

On the evening of 20th of August I was hastily called to a child, of thirteen months, who had swallowed some coal oil. I saw the case in less than ten minutes after the oil had been swallowed, and upon inquiry I learned that the mother had left a tin lamp containing six or eight ounces of oil upon the table, when the child, taking advantage of the temporary absence of the mother from the room, helped itself, drinking three or four ounces. When the mother reëntered she found it drinking, coughing, and strangling. I found the patient in a cold sweat, muscular system perfectly relaxed, pulse frequent and feeble, respiration labored, and, although already quite stupid, was evidently suffering considerably. I gave an emetic,

and repeated it several times before emesis was produced, and also applied warmth to the extremities. In an hour after drinking the oil it was in a state of profound coma, and about this time the skin became very dry and hot, the pulse full and bounding, and all efforts to rouse it were ineffectual. It lay in this condition eighteen or twenty hours, when it awoke perfectly well. I do not pretend to say that without interference it would have been followed by death, but the symptoms were alarming, to say the least of it.

PROVIDENCE, MISS.

Reviews.

A Treatise on Therapeutics. Translated by D. F. LINCOLN, M. D., from French of A. TROUSSEAU, Professor of Therapeutics in the Faculty of Medicine of Paris, Physician to the Hôtel Dieu, Member of the Academy of Medicine, Commander of the Legion of Honor, ex-Representative of the People in the Constituent Assembly, etc.; and H. PIDOUX, Member of the Academy of Medicine, Honorary Physician to the Hospitals, Inspector of Eaux-Bonnes, Honorary President of the Société de Thérapeutique, Honorary Member of the Royal Belgian Academy of Medicine, etc. Ninth edition, revised and enlarged, with the assistance of CONSTANTINE PAUL, Professor Agrégé in the Faculty of Medicine of Paris, Physician to the Hôpital St. Antoine, Secrétaire-general of the Société de Thérapeutique. Vol. II. New York: William Wood & Co., 27 Great Jones Street. 1880.

The first volume of Trousseau and Pidoux we noticed in these columns some time since. Volume second comprises a full account of the antiphlogistic treatment, which is well worth reading. It is a clear and fair statement of the subject by one of the most charming of writers. Antiphlogistic treatment, as it was at one time practiced, was disastrous to human life, and we rejoice that the protracted nausea and profuse purging and fearful phlebotomy of twenty-five and fifty years ago are things of the past. At the same time we are confident that bleeding has fallen too much into disuse, and that the practice in a modified form must again come into use. In cerebral, pulmonary, and hepatic congestion we have seen its benefits demonstrated, and no practitioner can have failed to remark the improvement often following pulmonary and nasal hemorrhage in cases of pain or oppression of the lung and in intense headache. Hemorrhage is often conservative, as distinctly so as diarrhea and sweats often are.

In this volume the various evoenants are

treated of, as are the excito-motors and narcotics.

Every teacher should possess this work, and practitioners may read it with advantage. It is not a book for beginners. It is gotten up in Wood's best style, and is one of his library series, a series which can not be too highly recommended.

Conspectus of Organic Materia Medica and Pharmacal Botany: Comprising the Vegetable and Animal Drugs, their Physical Character, Geographical Origin, Classification, and Constituents, Doses, Adulterations, etc. Table of the Tests and Solubilities of the Alkaloids appended. By L. E. SAYRE, Ph. D., Detroit. Geo. S. Davis, medical-book publisher. 1880.

This book contains a large store of interesting information. It is prepared especially for the student of pharmacy by a gentleman of large practical experience. The pharmaceutical student can not do without it, and the medical student who desires to possess a minute knowledge of materia medica will find the coveted information in Professor Sayre's work. The enterprising and excellent publisher has done his part of the labor in the most delightful style.

A Treatise on Common Forms of Functional Nervous Diseases. By L. PUTZEL, M.D., Physician to the Clinic for Nervous Diseases, Bellevue Hospital Out-door Department; Visiting Physician for Nervous Diseases, Randall's Island Hospital; Pathologist to the Lunatic Asylum, B. I.; Curator to Charity Hospital; etc. New York: Wm. Wood & Co., 27 Great Jones Street. 1880.

Dr. Putzel's work is the latest that has been written on nervous diseases, and is in accord with the teachings of the neurologists, and is likely to achieve a considerable circulation. Like most specialists, his views are quite too local. It is hard for the neurologist to see or to think beyond the nerves, as it is for the gynecologist to see or think beyond the uterus. The all-around man, as the practitioner who treats all parts of the body is called in England, learns that disease is not a local affair of the nerves or of the womb or of the stomach or of the eye, ear, throat, etc., but is constitutional, and is best treated by finding its cause and devoting treatment especially to that. If syphilitic, mercury and iodide of potash will cure it. If scorbutic, vegetables and fruits will cure it. If rheumatic, the salicylates will cure it. If malarial, quinia and iron are the proper remedies; and nine neuroses

out of ten, if not ninety-nine out of a hundred, are malarial in origin. Of course there are other causes of disease, but these suffice for illustration. If we can learn the cause of a malady, and are possessed of a cure for that malady, the same treatment will cure it, whether it exist in the crown of the head or the sole of the foot, in the scarf-skin or the marrow of the bones.

Pharmaceutical.

CHLOR. ANODYNE.

To the Editors of the Louisville Medical News:

Thirty years ago Dr. J. Collis Brown invented a formula for chlorodyne which was much used in several visitations of cholera which devastated Great Britain. The government purchased it and it was left at various places in the different towns where the pestilence was raging, so that any one on the premonition of diarrhea could procure a dose without cost. Dr. Brown was handsomely rewarded by the British Government for his invention.

The great objection to chlorodyne is that it is not a perfect mixture, but separates on standing, molasses entering into its composition. My own particular objection is the smallness of the dose—five drops. I prefer a mixture where the maximum dose is a teaspoonful, and then I feel no uneasiness in dispensing it as I can give as small a dose as I please. Being made in a foreign country and imported it is very expensive; but this is a trifling matter, as but a small amount is required. Physicians object to it on the ground it is a proprietary medicine, the exact formula of which is unknown to them.

Since I graduated I have never failed to carry chlorodyne in my pocket medicine-case until now. I have thrown it to one side and now carry chlor. anodyne. I find that a graduate from the same university, Dr. W. F. McNutt, Professor of Principles and Practice in the University of California, has similar objections to chlorodyne which he has enunciated in the *Western Lancet* for August.

Chlor. anodyne is the most useful medicament in the physician's pocket medicine-case, as it is an allayer of pain. It is a substitute for opium, morphine, and chloral, and is an unfailing relief and remedy in colic, cramp, cholera morbus, cholera infantum, bilious colic, neuralgia, nervous head-

ache, delirium tremens, hysteria, and in all cases where an anodyne, sedative or soporific is indicated. As made by Parke, Davis & Co. it is a combination of morphia (muriate), cannabis indica, chloroform, oil of peppermint, and capsicum. The maximum dose is one teaspoonful. It is attractive in appearance and agreeable in taste and odor.

J. H. EGAN, M. D.

PULASKI, TENN.

[We have been greatly pleased with chlor. anodyne in headache, toothache, and colics. —Eds.]

Miscellany.

THE DEATH-FEIGNING FAKIRS.—The physiological training of the Hindoo fakir for his profession is something worth study. He begins by abstention from food during the day and taking a very reduced quantity at night. Certain articles are strictly prohibited; among them are salt, fish and meat, oil and wine, mustard, onions, garlic, and turnips. He must refrain from spices, from all acids and acid preparations, and from all pungent articles, except ginger. His carbonaceous food is limited to rice and wheat, his nitrogenous to milk and melted butter (*ghrta*), and as to the carbon hydrates, honey and sugar are alone admissible. There are two or three articles familiar to Europeans only by their Bengal names which he is permitted to use; but they are composed of the preceding ingredients in various proportions. Water is positively prohibited; but some sects allow the devotee to drink sparingly of alcoholic beverages. He must next learn to live under ground; and for this purpose he digs a subterranean cavern (the *gublia*), in which he passes most of his time. The temperature must be warm and perfectly even, and the cavern is entered only by a hole which can be closed with a stone. It is a living sepulture. Indeed the essentials of the mode of life are the complete occlusion of free oxygen, impenetrable darkness, and unbroken silence. He lies on a pallet of cotton or wool—something warm and soft—at the bottom of this subterranean cell, and repeats from day to day the mystic word “Om,” the Hindoo name of the great abstraction of universal life—a being more transcendental than that of Hegel. The devotee takes occasional walks, but is very slow in his movements, so as to lessen the

rapidity of the respiration. He repeats his “Om” sometimes ten thousand times a day, and has other syllables, among which are “Bam,” “Ham,” “Lam,” “Ram,” “So-ham,” “Yam,” of which he performs endless series of repetitions, arranging them in every order of which they are susceptible, and rigidly following a prescribed order for a given number of repetitions. He trains himself to sit squatted for hours together in a certain peculiar attitude (the *siddhasana*), which consists in doubling the left leg under the body, so as to rest upon the heel of the left foot, while the right leg is extended forward. In this position, with the right arm advanced, he holds the big toe of the right foot in his right hand, and with the left arm flexed under the body, grasps the big toe of the left foot. This brings the lower part of the face to rest upon the breast-bone. In this awkward and difficult attitude the fakir sits for hours together; that is, when he is not standing upon his head or training himself to take a deep inspiration and expel it slowly—taking twelve seconds to breathe in and twenty-four to breathe out the cubic feet of atmosphere that the lungs can contain. Besides these exercises, his tongue has to be cut twenty-four times, so as to sever all the ligatures one by one, and enable him to flex it backward and close the throat with its tip. This extraordinary discipline is prosecuted steadily for years, and at length the fakir tries his first experiment at feigning death, allowing himself to be shut up in his subterranean cell and sealed therein with every precaution, generally for a week or two at first, then for a month or two months, lying or squatting in a state of trance, with the tip of the tongue closing the throat, without perceptible action of the heart, and with the circulation of the blood apparently suspended. He would never recover himself from this condition of suspended animation; but he can be recovered by proper manipulation, which begins by pouring hot water over the shriveled body, stiff and rigid as a corpse, for some minutes. As the bathing in hot water continues, the arms and legs gradually relax from their rigor. A hot cake is next placed upon the crown of the head, and the plugs (made of cotton soaked in wax) are removed from the nostrils and ears. The next steps—it being understood that assistants are all this time engaged in rubbing the limbs—are to pry open the rigid jaws and restore the tongue to its normal position; then to rub the eyelids with melted butter till they can be unclosed, revealing the glazed and

motionless eyeballs. Finally, the hot cake upon the top of the head is renewed. The heat acting upon the nervous centers of respiration and circulation, the breast heaves with a convulsive throe, and the heart starts with a violent pulsation. So many cases have been attested of this remarkable condition of simulated death that its facts are practically beyond dispute. Now something of this kind would make a real impression; it has powerful dramatic features, and its physiology furnishes ample verge for novel and original observations.—*Exchange*.

HYGIENE OF NEW-BORN CHILDREN.—The subject of the hygiene of new-born children is engaging the attention of French sanitarians (*Popular Science Monthly*). The present minimum rate of mortality of children under one year old is estimated to be one hundred per thousand. The rate in France is double this, or two hundred per thousand; and the excess is really greater than it appears, for the minimum itself is larger than it should be, and ought by proper management to be reduced to eighty and even seventy in a thousand. The chief among the several causes to which the large proportion of deaths is ascribed is artificial alimentation. That the whole physiological development of the new-born child is determined by the character of the food that is given to it is enforced by all the facts that have been gathered in France. The subject was fully discussed at the International Hygienic Congress, held at Paris during the Exposition of 1878, and some significant facts were presented in illustration of the enormous difference which exists between the mortality of children brought up at home and that of children intrusted to hired nurses and the not less marked difference in the rate of mortality of children nursed at the breast and of children fed artificially. Among the children of the easier classes, brought up at home, the rate of mortality often falls as low as seventy or eighty per thousand; among the children intrusted to hired nurses, it was stated to vary from two hundred and forty to seven hundred and fifty, and even to nine hundred per thousand. Among children nursed by their mothers, a rate of mortality was found of only 8.28 per hundred; among children brought up by nurses, of eighteen per hundred at home, twenty-two per hundred when they were taken away; among those fed from the bottle, the average was fifty-one per hundred. Dr. Monot stated that, in the department of

the Nièvre, in the case of children who had been sent down from Paris without supervision, and had been consigned to hired nurses, the mortality was seven hundred and ten per thousand. In the case of assisted children sent out by responsible organizations, under the care of agents and inspectors, it was two hundred and forty per thousand; in the case of those intrusted to nurses who were watched over by the societies for the protection of infants, it fell to one hundred and twenty and even ninety per thousand; and, in cases where the young mothers were helped to the means of living, and were able to take care of their children and nurse them, to seventy per thousand. These facts, though many of them are only approximative, seem to be decisive as to the superiority of maternal nursing. Inasmuch, however, as the number of mothers who can not themselves nurse their babies is very great, and a large proportion of them are not able to hire wetnurses, the question as to what is the best substitute for mother's milk is an important one. The Municipal Council of Paris has just authorized an experiment which will help answer it. It has decided to establish a nursery in connection with its hospital for assisted children, with stables to be occupied by the various animals usually depended upon for their milk, the milk of which will be given to the children fresh and absolutely pure, in such a systematic manner that the advantages attributed to the milk of each animal may be rigorously and scientifically tested. The whole will be under the direction of Professor Parrot.

MR. BOOTH APPRECIATES MEDICAL SKILL. Dr. Ghislani Durant, of this city, has been made the recipient of a superb silver cup, manufactured at Tiffany's, from Mr. Edwin Booth, in acknowledgment of his services in curing the latter of a serious disease of the tongue, for which he had consulted several other medical men without relief. It is a three-handled cup, of classic form, ornamented with rich *repoussé* work. One of the figures in relief is that of a fawn, with tongue projected, beneath which are the words, "Let the tongue now laugh." Round the upper border of the goblet is the quotation from Macbeth, "The mere despair of surgery he cures;" while at the base is the inscription, "This 'loving cup' is presented by Edwin Booth, as a token of esteem, to Ghislani Durant, M.D." All the lettering is done in raised letters of gold.—*Boston Med. and Surg. Journal*.

THE DOCTOR AND THE DRUGGIST.—The relation existing between physicians and pharmacists is receiving considerable attention of late in medical journals (New Remedies). As a rule it is proved to the satisfaction of the medical writers at least that the apothecaries are inclined to infringe on the prerogatives of the doctors by counter-prescribing, by encouraging the use of proprietary remedies, by meddling with their treatment either by a substitution or diminution of drugs, or by ill-advised remarks which lessen the confidence of patients or their friends in their medical adviser; while, on the other hand, the apothecaries feel aggrieved that their special skill in pharmacy is not recognized by the doctors, that prescriptions are not sent to them to be compounded, and that doctors are too apt to prescribe the special preparations of some wholesale manufacturer rather than depend upon their skill for its composition, and by encouraging the general belief that pharmacists charge excessively for remedies thus compounded.

Very little that is new has been advanced, and we doubt whether the question is capable of being settled excepting by the "survival of the fittest."

It is to be remembered also that the public have generally become impressed with the belief that for the relief of simple maladies they do not require the aid of a physician. What they want is some appropriate remedy, and they are willing to trust its selection to the judgment of themselves, their friends, or an apothecary. A refusal on the part of the latter to advise further than that the customer should consult a doctor would lead to his going to the next shop, and so far as the doctor is concerned nothing would be gained, while the pharmacist would lose his business.

There is some talk in this city of enforcing the recent law governing the practice of medicine, but we do not think that it is capable of being applied in the case of so-called counter-prescribing. Its enforcement would certainly not meet with public favor. Should any attempt be made to do so, we think it might tend to aggravate the trouble, since those who now carry on such a business quietly would have little difficulty in employing a qualified physician to give advice, at a regular salary.

Just as retail pharmacists have to contend against manufacturers who send out pills, elixirs, emulsions, troches, etc. all ready for use, so the younger doctors have to compete

with free dispensaries, cliniques, hospitals, and medical schools, managed in the interest of members of their profession.

The question is a complicated one, and its settlement involves a coöperation on the part of the public, which is now quite improbable. At present the public consider their interests served when they go for advice and treatment in lesser ailments to the corner drug-store. By-and-by they may find the special remedy they are in search of in the grocer's or confectioner's establishment, together with a pamphlet containing directions for its use.

The present tendency to the spreading of information appears to favor an increase among pharmacists of a knowledge of the therapeutical as well as of the physical properties of drugs, and it is by no means easy to foretell the effect this may have on medical practice in large cities.

CHICAGO HAMS.—From time to time considerable doubts have been expressed as to the perfect wholesomeness of American bacon and ham. There would seem to be some ground for the distrust of these imports that has sprung up, since in a report by Mr. Law, one of the first authorities on the diseases of domestic animals in America, to the American National Board of Health, we find such a statement as the following: "Our pork hams have, rightly or wrongly, acquired a most undesirable reputation. Dr. Belfield and Mr. Atwood, of Chicago, pronounce eight per cent of the hogs killed in that city to be trichinous, and several European countries have forbidden the importation of American hams. In Germany, on the other hand, where all pork is subjected to microscopic examination, the statistics show that trichinae have been found in but one of two thousand hogs examined."—*British Med. Journal*.

HOSPITALS AND ASYLUMS.—It is my fixed purpose never to join in any invalid charities. All the foolish world is ready to help them, and will spend large incomes in trying to make idiots think and the blind to read, but will leave the noblest intellects to go to the devil and the brightest eyes to remain spiritually blind forever.—*Ruskin*.

MR. SPENCER WELLS has performed ovariectomy one thousand times, with seven hundred and sixty-eight recoveries and two hundred and thirty deaths.—*Boston Med. and Surg. Journal*.

[And what became of the others?]

THE JABLOCHKOFF ELECTRIC LIGHT IN LONDON.—The London Metropolitan Board of Works has recently renewed a contract for one year for lighting the Victoria Embankment and Waterloo Bridge with the Jablochkoff electric light (*Popular Science Monthly*). The Jablochkoff system has been in successful operation on the Thames Embankment since December 13, 1878, when twenty lights were started between Westminster and Waterloo Bridges. In May, 1879, twenty lights, extending the work to Blackfriars Bridge, were added, and ten more were put on Waterloo Bridge in October last; ten lights have also been placed in the Victoria Railway station. All of the lights on the Embankment have been kept in operation regularly for six hours each night since they were first started; a fact that is worthy of consideration when it is borne in mind that the machinery was originally arranged for twenty lights only, with no thought that the system was to be extended, and that the changes rendered necessary by each of the two extensions have had to be made without interfering with the daily efficiency of the apparatus. The price paid by the Board of Works was, at first, 6d. per light per hour; it was reduced to 5d. in the first, and 3d. on the second extension, and has again been reduced on the renewal of the contract to 2½d. per light per hour. The Jablochkoff system of electric lighting is now in use under almost every possible condition and in every variety of establishment; in streets, on bridges, in railway-stations, theaters, circuses, engineering and industrial works, docks, basins, on board steam-vessels, in hotels, and in private residences. King Theebaw, of Burmah, has sixty lights fitted up in his palace at Mandalay; the Shah of Persia four, at Teheran; Prince Agaklam six, at Bombay; and the King of Portugal and the ex-Queen of Spain are also using them. At present seventeen hundred and sixteen are in use in different countries, one hundred and ninety-eight being in England.

THE SPHYGMOGRAPH, OPHTHALMOSCOPE, MICROSCOPE, THE STETHOMETER, SPECTROSCOPE, ETC.—Dr. Bradbury gave utterance to a word of caution—altogether too short, we think—that there is a danger lest we place too much reliance on the information derived from the use of the instruments referred to (*Medical Times and Gazette's* editorial on Dr. Bradbury's Address in Medicine at the late British Medical Association).

Some of them in their present forms require much time and special practice for successful application in clinical medicine, and even with time and special practice the results are sometimes very different in the hands of different observers. The sphygmograph is notably the most unsatisfactory of all in this respect. But there is another more general remark to be made, viz. this: That although all these instruments of research were already as perfect and simple in application as we could wish, they are, one and all, only instruments and nothing more, the teachings of which the physician must criticise and compare with all the other facts obtainable in a given case of disease. No doubt there are some diseases in which the use of one or other of these instruments is all-important, but we think that we have observed a tendency in those who are much given to the use of instruments to forget that after all, for sound clinical work, the cerebrum is a more important organ than the eye, even when the latter is fortified by a microscope. But while pointing out this tendency to subordinate to the perceptions of a sense-organ that judgment and logical faculty that should always be cultivated by the truly scientific physician, we hope we shall not be understood as intending in the slightest degree to impede the progress of exact methods of investigation in clinical medicine by the aid of the instruments and methods of physics. But it is just because this tendency to sink the judgment in presence of these instruments has now and then in recent times led us to positions from which even accomplished investigators have been glad to retreat, that we are anxious, for the sake of scientific medicine itself, to guard against one of the greatest hindrances to its progress. The more instruments and methods of exact investigation that can be made available for the practical physician, the better will it be for scientific medicine, but only on the condition that the teaching of each instrument is estimated at its proper value and corrected by comparison with all the other available data by the cultivated judgment and logical exactitude of the clinical investigator.

ATHREPSIA is a word used by some modern French authors to denote failure of nutrition in infants (*British Med. Journal*). It is synonymous, we believe, with marasmus. The word, from the Greek, denotes literally absence of nutrition (α , negative; $\tau\rho\acute{\epsilon}\psi\omega$, I nourish).

Selections.

Window-screens as a Prophylactic of Malarial Poisoning.—Dr. W. C. Maull, of Middletown, Ill., writes to the Michigan Medical News. The subject is of prime importance, and should be investigated:

Two years ago, when malarial affections were very rife here in a very small circumscribed locality, my attention was attracted to the almost entire exemption of two families from such affections, who lived in the infected locality, surrounded by houses in which for an occupant to be well was the exception. A hired hand of one of these families becoming ill with remittent fever, the opportunity presented upon visiting him of trying to ascertain why they had been granted such immunity. I found that not only were they in the midst of the stricken district, but also that they were no more cleanly and no more careful in their habits and surroundings than their neighbors, while they lived upon the northeast edge of a large pond or lake that an excessive drouth had completely dried up, and from which, at the time of my visit, the stench of decaying vegetable matter and fish was almost unbearable. The only appreciable difference between these two families and the others was that they had screens at their doors and windows and the others had not. My patient, the hired hand, had slept in a little house unprotected by screens, off from the main building.

Of course "one swallow can't make a summer," nor can a few instances like the above prove that screens are a protection from malaria, yet the marked cases of exemption above are sufficient apology for attracting the attention of the profession to the possibility of their being so. Admitting the theories of most writers about malaria, there are plausible grounds for the opinion that screens are beneficial in keeping out the poison. Saying that Salisbury is right, and he may yet be proved so, and that malarial affections are caused by minute cryptogamic plants of the family of palmellæ, might not screens prevent their substance or emanation from entering a room? Remembering that when awake and active persons may at their pleasure with complete immunity remain in malarial localities, but that if they sleep in them they are almost certain to be affected, does not their possible beneficial effect appear more plausible?

Admitting again that the malaria is a resultant of heat, moisture, and vegetable decomposition, is it any more unreasonable to believe that screens may prevent its entering sleeping-rooms than that a row of trees will impede its progress or that Sir Humphrey Davy's safety-lamp will enable a miner to go amid inflammable gases with impunity?

Daily observation increases my belief that persons who have their windows and doors guarded by screens are surely freer from the inroads of malaria than their neighbors who have not.

Should general observation prove them to be a partial protective, might they not be medicated? I communicate the above in the hope of attracting the attention of the profession to the possible benefit herein set forth.

Colorless Tincture of Iodine.—The decolorizing process destroys the caustic properties of free iodine, but leaves the well-known medicinal virtues of iodic combinations unimpaired.—*Drug. Circular.*

Cheken—A New Remedy.—Dr. Henry Von Dessauer, of Valparaiso, has used cheken for some years in the treatment of a number of complaints (The Druggist). Thus as an inhalation he uses it in diphtheria, laryngitis, bronchitis, and bronchorrhea; as an injection in certain infections of the mucous membrane, as gonorrhea, leucorrhea, cystitis, etc.; while given internally, in the form of syrup or liquid extract, it is said to aid digestion, allay cough, facilitate expectoration, and stimulate the kidneys to action. It is also an astringent, and is found to be of especial service in threatened hemoptysis. Dr. von Dessauer used it with marked success in more than one hundred cases of bronchitis and phthisis. For many years he was physician to a large convent school, many of the inmates of which suffered from consumption, and hemoptysis being of constant occurrence. During the two and a half years that he gave cheken in this establishment he had not a single death from phthisis, there were no fresh cases of hemoptysis, and many of the patients who had had repeated attacks of bleeding from the lungs recovered and gained flesh and strength in a very marked manner.

The Pepsin of Commerce.—Dr. Squibb says (Kings County Medical Society): In this connection *the want of care and want of knowledge in the great mass of the medical profession may be illustrated.* The last revision of the U. S. Pharmacopeia *refused to admit pepsin*, and consequently there is no standard of quality or strength for it, every maker adopting his own strength and stating it roughly on his label. Of the five makers examined only two are alike in strength. . . . The prominent makers all vary considerably, the pepsins of some being from three to five times weaker than others, and yet they all sell in enormous quantities at about the same price, and physicians go on and prescribe them in about the same doses. The difference in prime cost between a pepsin that is five times more effective than another is not so great as to make very much difference in price.

[It is very curious that the revisers of the U. S. P. should have excluded pepsin. Lactopeptin and Scheffer's Louisville pepsin are as certainly valuable medicines as any in the Pharmacopeia, and are one hundred per cent more valuable than ninety per cent of the medicines contained in that lumbering volume.]

The Papaw of South America.—The juice is capable of digesting, or at least softening, the toughest and hardest meat, so that in a very short time it can be eaten, a property taken advantage of by the natives in the preparation of their dried meat and fish (The Druggist). Meat washed in water containing a small proportion of this juice, and then cooked, becomes completely disintegrated into its fibers, and the digestive power of the juice is so great that when once eaten too freely alone, not finding material in the stomach for the exercise of its peculiar action, it even attacks the mucous membrane of the digestive canal itself. The juice, evaporated to dryness, preserves this property unchanged, acting, when dissolved in water, upon flesh and albumen, but not on starch. The experiments of Wittmark establish the following: The juice has the general properties of pepsin, but the addition of a free acid is not necessary to its activity. It is also more active when exposed to a higher temperature than pepsin will bear, and unlike pepsin, it gives no precipitate by boiling.

Treatment of Cancer.—Dr. Henry Kennedy, of Dublin, writes, in the *Lancet*:

There is nothing in medicine more remarkable than the way in which medicines are forgotten and thrown aside. The medicine I would recall to notice is the well-known hemlock, and it is as a remedy for cancer, in some at least of its forms, that I speak of it. The evidence of the power of this medicine over cancer is very great indeed. There are plenty of cases in which a complete cure was effected, and this in cases of both what seemed open and occult cancer.

It has been objected to the use of hemlock that its preparations are uncertain and do not contain the active principle. Granting that this is true in a degree, it is certainly no reason for giving up its use.

The dose of the drug in common use is too small. The British Pharmacopeia puts down the dose of the extract at from two to six grains, which is totally useless. To an adult not less than ten grains may be given. A suitable way of giving it is in an eight-ounce mixture, of which half an ounce, by measure, may be taken three times a day, which can be readily increased, and which will be needed in such a disease as cancer, for the dose must be pushed so as to produce its physiological effects. I speak specially of the extract as presenting the easiest mode of administration. It is not equal to the *succus conii* either in elegance or power, but the latter has very serious drawbacks—its expense and the quantity of spirit that it contains. Used in the way indicated, I have found hemlock a very valuable remedy. In my hands it seems to possess two distinct effects: the first being the power of allaying pain, a matter of so much moment in cancerous disease; and the second, its restorative power on the frame, as shown by the change in the appearance of the patient; and should there be an open ulcer, the alteration for the better in the sore. I have seen no absolute cure of cancerous disease, but I have seen several cases where the disease has been beyond question kept at bay, and the life of the patient by so much bettered.

Removal of Encysted Tumors from Conspicuous Positions without leaving any Mark.

Mr. Philip Foster, of Leeds, writes, in the *Medical Times and Gazette*, August 7th: This kind of tumor may, unless very firmly adherent, be easily removed by making a small incision into the cyst only just large enough to allow its contents to escape, completely emptying it by pressure, and then seizing its edges, which will be seen to project, and drawing it out. Even should a portion of the cyst be left, in all probability the tumor will not reappear. When unable to get away any part of it I have succeeded in effecting a cure by scarifying its interior, and so setting up adhesive inflammation. Three or four days after these operations not the slightest mark or trace of their having been performed can be detected.

A Rare Abdominal Tumor.—The *Lancet*, 28th of August, contains the following: An operation of considerable interest was recently performed at the Beaujon Hospital by M. Tillaux. A man, thirty-one years of age, had enjoyed good health until the 25th of last May, when he was suddenly seized with the most violent pain in the abdominal region. In spite of all treatment the pain continued; and after suffering for some days the patient applied at the out-pa-

tient department of the Lariboisière Hospital, where it was found that he had a tumor, which was supposed to be a floating kidney. For more than a fortnight he remained without any further advice, having intermittent attacks of pain, which lasted for some time, unable to eat or lie down without provoking an attack, and obliged to sit doubled up with chin on his knees. He then consulted Dr. Millard, physician to Beaujon, for his "floating kidney," who admitted him into the hospital for this affection, changing, however, the diagnosis after a time to that of chronic intestinal invagination. Continuous currents and rectal douches were tried for a time without any result; and finally, at the urgent request of the patient, it was determined to perform the operation of gastrotomy. The abdomen wall was incised by M. Tillaux with strict antiseptic (Listerian) precautions, and the hand being introduced into the cavity, a tumor the size of the head of a fetus was discovered springing from the mesentery. An exploratory puncture giving no information as to its nature, it was freely incised, and found to consist of a cyst filled with caseous matter. The pedicle having been tied with catgut, the tumor was removed, and the stump returned after being washed with a strong solution of carbolic acid. Two days later there were threatening symptoms of peritonitis, but these passed off and a perfect recovery ensued. The growth turned out to be a cyst which had developed in one of the mesenteric ganglia.

Treatment of Scarlet Fever by Warm Baths.

W. V. Lush, M. D., Physician to the Dorset County Hospital, writes, in the *Lancet* of August 14th:

In December, 1869, while we were experiencing a very severe epidemic of scarlet fever, there appeared in the *Lancet* a reprint of a letter by Dr. C. T. Thomson strongly advocating the use of warm baths in this disease, and stating that he had pursued the practice for fifteen years, and had never lost a patient.

In consequence of this communication I began this practice ten years ago, and have followed it up from that time to the present. At first I order the patient to have three warm baths daily, to be kept in from three to five minutes, rapidly dried, wrapped in a blanket, and returned to bed. As the disease subsides I reduce the baths to two or one daily. I find that (1) it brings out the rash, (2) reduces the temperature, and (3) soothes the patient; and when this treatment has been adopted at the onset I have not as yet lost a single patient.

In one case the warm bath was objected to till the child had been ill some days, and this case, and this alone, proved fatal.

My friend Dr. Alfred Hollis, of Freshwater, has told me of the great comfort he himself experienced from warm bathing when suffering from the disease; and, of course, in the treatment neither medicine proper nor good nursing is precluded.

My ten years added to Dr. Thompson's fifteen make twenty-five years' experience of a treatment which I can confidently and heartily recommend.

White Paregoric.—The official directions for making the camphorated tincture of opium, when followed to the letter, produce a nearly colorless preparation (*Druggists Circular*). To conform to popular taste and custom, most druggists give paregoric a light red or pink color with saunders or cudbear; but such a proceeding is not sanctioned by the U. S. Pharmacopeia.

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"NEC TENUI PENNA."

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

ETHER.

Resuming our consideration of the position and prospects of anesthetics, and again drawing upon Dr. Reeve's review as a principal source of supply, we come to note the claims of chloroform's only serious rival. Considering the great scare which chloroform has produced in the professional mind, and its general abandonment—sorrowful though it be—for its safer sister, Dr. Reeve does not introduce the subject of ether with a very promising sentence: "It is not an easy task," he says, "to arrive at satisfactory conclusions in regard to ether, or to state fairly its relative results." Nor does he in further discourse demonstrate the superiority of the American anesthetic with positiveness commensurate with the accessions he declares it has made, and has deserved to make, to its ranks. Paucity of literature upon the subject and partisanship have stood in the way of proper judgment in the matter. Upon one point chloroform and ether present similarity of action. They both depress temperature, and, according to Kappeler's experiments, they are singularly alike in this respect—.53° C. for chloroform and .52° C. for ether being the averages given. Irregularity of respiration is common to both, but is much more marked with ether. It begins earlier with this agent, and is attended with that fearful sense of suffocation which makes ether so unpleasant an anesthetic. Violent and long-continued muscular action also accompanies the adminis-

tration of ether, so do also the persistent smell, the sickening taste, nausea, and vomiting to far greater extent than when chloroform is used. In a word, there is nothing in the new testimony to overthrow the well-grounded opinion that the surgical world has held concerning the infinitely superior pleasantness of chloroform to ether. But as to the question of safety. It is the generally-accepted view that ether produces a stimulating effect upon the heart, and that death from paralysis of that organ, as occurs so frequently under the use of chloroform—so fearfully sudden, so irretrievably sure—does not belong to its disasters. The experiments of the English anesthetic committee on lower animal life show that while chloroform has a decided effect in reducing the blood-pressure, "*Ether has no appreciable effect of this kind. . . . It may be given for an indefinite period without interfering with the action of the heart.*" It would be very comforting if experiments with human beings confirmed this all-important point. Dr. Morgan, of Dublin, says that from observations on the sphygmograph "the most perfect anesthesia could be invoked under the influence of ether with an absolute stimulating effect upon the circulation." Dr. Kappeler, upon the other hand, in ten careful observations noted that while in three of the cases there was no change in the pulse-curve under deep anesthesia, an occurrence not found in twenty-five cases of chloroform narcosis, "*in seven of the ten cases the curve of deep ether-narcosis differed not at all from that of chloroform-narcosis.*"

It makes a great difference if death is approached through the respiratory func-

tion rather than through the heart. The danger is announced, and "there is an immense amount of resource for rescue." Dr. Turnbull is positive on this point, and declares that ether always gives warning of danger. "Nevertheless," says Dr. Reeve, "cases of his own table, given only a few pages from the above statement, seem to have been as sudden as any under chloroform." Dr. Kappeler, too, finds four out of nine deaths under ether sudden and through the circulatory apparatus.

It is to be charged upon ether also that, as in the case of chloroform, danger is not over when the administration has ceased. The fact is that in this respect there is a difference in favor of chloroform.

When we come to compare the number of deaths under ether with that of chloroform, and with the number of inhalations, the whole affair is upset by the failure of one of the factors. The number of deaths under chloroform is supposed to be inaccurate enough, but there is scarcely any attempt made to record the deaths under ether. Dr. Turnbull seems to say that in the city of Philadelphia ether has never produced a primary death, and that within these limits there is only one recorded secondary death; and Dr. Reeve avers that

All the general testimony of this kind is decidedly in favor of the far, the very far greater safety of ether as an anesthetic as compared with chloroform. The tone of the medical journals as they record the frequent deaths from the latter, the current of professional opinion, the abandonment of the one agent for the other by surgeons almost every where show that the lesson has been learned from facts as well as from figures.

These are very, very general assertions. They greatly, very greatly lack that positiveness of proof on which up to this point Dr. Reeve so strenuously insisted. The fact is that when such a bad case was made out against chloroform we wanted to be converted, and would have fallen easily under the new yoke; but when the preacher sums up his argument, or rather lack of argument, with the "tone of medical journals" and "current of professional opinion" and

"abandonment almost every where," concerning which no data is given, we believe we will think the matter over another week. And it is rather strange that Dr. Kappeler, so careful in his statement, should come to conclusions so different from those of Dr. Reeve. We call especial attention to the following exceedingly important conclusions reached by that eminent authority. They contain the whole gist of the subject, and should be considered in every word. Dr. Kappeler says:

It is not possible to obtain an insight in the mechanism of death under ether from such a scanty number of observations. Only further experience and numerous new observations can throw light on the subject. And it is by no means apparent from the material before us that ether-death in human beings is essentially different from chloroform-death, or that, as physiologists hold in regard to animals, the fatal result in man always begins by disturbance of respiration, and in every case proceeds from the respiratory system. The assumption of the physiologists (Schiff), therefore, that the surgeon is responsible for death from ether, in contradistinction to chloroform, and that death from ether may always be avoided by precaution, stands, in my opinion, without any foundation whatever. From the experience of the operating-table it can not yet be maintained with absolute positiveness that the administration of ether as an anesthetic has a considerable less amount of danger than chloroform. We are as little prepared to state in figures the dangers of ether as those of chloroform, since neither the number of deaths from it nor the number of administrations is known, and the few attempts made to state the proportion of deaths to administrations are mostly the product of the bitter contest: ether *versus* chloroform, and the necessary impartiality is lacking. It is well, however, to bear in mind that the late proclamation from Lyons of the absolute safety of ether, and the late disavowal of the same from the same place, brings us *ad absurdum*; that, as already stated, since the resumption of the use of ether in England deaths have occurred from it in more considerable number, even by careful administration, and that with the more frequent use of the agent the number of accidents has increased.

We can add little to this. That the scale of safety is in favor of ether is at any rate a very generally received opinion. That it is so vastly in its favor as its advocates would make out is clearly not the case. That

it is the innocent agent claimed by its enthusiasts is absurd. The general abandonment of chloroform is theoretical. Men are frightened at it and would like to turn for safety elsewhere. They fear chloroform, to be sure, but ether only less; and with the celerity and certainty and convenience so vastly in favor of the former, whatever may be the "current of professional opinion," there is no doubt that professional practice is going to stick to the easier ways.

It is rather awkward to take away the credit of an author's work, especially when it is excellent work. The review of anesthetics which we have had under consideration in this number and the last was in our last issue attributed to Dr. Rogers and not to its proper author, Dr. Reeve. The amiable printer will please come forward.

Original.

MEDICAL HEADS AND MEDICAL LIFE IN PARIS.

M. VELPEAU.

Physicians mend or end us
Secundum artem; and though in health we sneer,
 When sick we call them to attend us,
 Without the least propensity to jeer.—*Lord Byron.*

The following reminiscences, from the delightful pen of Dr. F. Peyre Porcher, of Charleston, S. C., written some years ago, will be read with pleasure:

Should one enter La Charité at 7 o'clock of a winter's morning, pass through the first square, and turning to the left ascend the staircase, he will see long ranges of wards, much more than a hundred yards in length, with a double row of beds. Each of these compose only one side of a double set of quadrangular buildings, and there are two ranges, one above the other, for males and females respectively. Let him advance down to the extremity of one of these wards, and he is surprised at finding others leading off still as extensive as the first to which the stairs conducted him. Follow the last mentioned, and they branch again till they end in small blind rooms, containing each eight

or ten beds, all with coverings and curtains of white linen. At different intervals, more or less distant, are visiting professors, in long white aprons, with or without velvet caps, and scarcely distinguishable from the half dozen internes who accompany them; and around, in numbers varying with the popularity of the chief, stand crowds of medical graduates and students. The latter, though preserving to a certain extent the type of the genus, is more variant and less unique in Paris than perhaps in any city in the world.

There are two or three or a dozen Frenchmen, generally small, bearded, and often badly dressed, with note-books containing fly-leaves of white paper—the most industrious of all in taking down every thing that falls, for they have examinations to pass. The French medical student is often poor, but may rise to reputation, fame, and wealth. The Italians are scarcely distinguishable from these, except that their beards and hair are blacker, and less of their faces are seen; they are also generally neater. The Germans are more dignified, grave, and sedate, for they are usually graduates and men of age, and are seeking for something to compare with what they have seen in Berlin or Vienna; these are, consequently, extremely critical, and as they understand and speak French almost as universally and as well as a Russian, it is only their light hair and Teutonic physiognomy which disclose their origin. There are not many English, and as these few remain but a short time, often merely to get a certificate of attendance upon Velpeau or Louis, to assist them at the College of Physicians and Surgeons, or at Apothecaries' Hall, I need not refer to them more fully. An Englishman never wears a mustache, and he is easily known.

Next to the Frenchmen in number rank the Americans; they are generally tall, but with every hue, feature, and appearance of every other race on the globe. Some are unmistakable, but others you could not distinguish from any body else. They adapt themselves to, or offer without adaptation, any type that exists. They have an ambition to speak French—some can not resist chewing the customary weed; many are very hard and regular students, others amateurs, who stroll in a morning or so, look at a great gun, find hospitals, before breakfast, not the things they are reported to be—and that is the last you see of them *here*. But many of our countrymen actually do not give themselves time to take their meals in

Paris, so constantly and assiduously do they attend hospitals, lectures, cliniques, dissections, private courses, etc. An American, when he *is* a student, which is not seldom, goes ahead at it and none surpass him. But he does not observe, reflect, and draw conclusions as much as he crams. He does not lose a moment of the short time he has allowed himself for medical Paris, because he means to know the *Quartier Latin*, attend the Café Chantant, Mabilly, the theaters on the other side of the river—and see Europe besides. The American is, therefore, generally under high pressure. I can affirm that many do not give themselves time for digestion; consequently, with all the advantages of French cookery, they remain as they came, dyspeptic! On his way from one hospital or lecture to another, he flies into a restaurant, swallows a breakfast at 10, or a lunch at 1, and away he goes. If you follow him till 10 that night, he is still in motion. He has in the meantime taken a pocketful of notes, which he puts up to read over and digest some day when he reaches home.

Now, instead of turning to the left as I proposed, should you open a glass door to the right you will see still other ranges of wards, with branches leading off almost interminably. Those on the first floor are for males. Ask a patient what is the matter with him and you will find it is a surgical case. Far from where you enter stand a throng of men, some crowding around a particular bed, some with hats on, others uncovered. From out their number moves an individual whom you did not at first observe, but whom every one seems to follow as he passes rapidly from one bed to another, squeezing his way in among those encircling him. He is a person with a sharp, grayish eye, of middle height, more tall than short, inclined to be thin, and moves unobservingly by, unless when he stops occasionally, as the inclination seizes him, to ask some question of a favorite chef-de-clinique, or of a sister. He will sometimes not speak or smile for a half hour, unless on the subject of medicine, or the case before him; at other times he smiles and even makes a little dry fun with the sick man, though he never laughs; often, if induced to relax at something particularly ludicrous, he soon recovers himself, becomes grave, or rather I should say earnest, and his eye looks as piercing as before. Neither his voice or manner is soft or winning, though they show when he speaks to a boy, or when the gravity of the case is immi-

nent, that his heart is full of feeling, and that even habit, time, and the knife have not made him entirely callous to the sufferings of the unfortunate. I have heard him quiz a little interne with white hair, upon the color of his mustache; but it was not done in a genial way; it was as a surgeon would quiz, and you only laughed because the great man laughed. He also wears a white apron with pockets, from which dangles a pin-cushion, and on his head is a purple skull-cap, with tassel. Thin gray hair escapes from beneath, and you are quite surprised when, upon inquiry, you are told that that is the great surgical Amphytrion of La Charité and of France, M. Velpeau.

Here is a true veteran for you; here is a surgeon with the three requisites—a lady's hand, an eagle's eye, and a lion's heart; here is the man who enjoys the *digitis monstror præterientium*; you see, at last, one that you have been hearing of all your life, and before you ever thought of medicine; you have, perhaps, heard your cousin or your friend, who was in Paris years before you, speak of seeing Velpeau cut off an arm or a hand on such and such a morning, and you yourself also watch him do the same thing, on the same spot, fifty times; in fact, you may see him perform two or three operations almost every morning if you will take the trouble to be at his amphitheater at La Charité. He will cut for stone, operate two or three times for cross-eye, take out tumors from the breasts of two or three women, amputate a finger, a thumb, or a leg, almost any morning you choose to name, after he has visited these long lines of beds up stairs and down stairs, in male and female wards, and after he has lectured an hour; and all before breakfast. Heaven knows at what hour he has risen! what he has not written in one of the works he is publishing, the *Nouveaux Éléments de Médecine Opératoire*, or some other. But I do know that he has not yet finished, because before his carriage and pair leave the Rue Jacob, in front of La Charité, and when you have gone to the Café de Paris, to Madam Dijon's, to 66 Rue de Seine—or with me to my rooms on the garden of the Luxembourg—he has remained to prescribe for a score of what are called out-door patients, whom he examines as fast as they can be marshalled in a room on the ground-floor. Then M. Velpeau's private consultations at his own residence, and his visits, have not yet commenced. But notwithstanding you will sometimes meet him on

the *Pont Neuf*, or the *Pont de Carrousel*, with a young lady on his arm, as like as father and daughter can be, while they walk to the Louvre or the garden of the Tuileries. And you ask again, is this the man, strolling quietly by, the hero of a hundred bloody operations, the creator of bold systems, and originator of new modes of practice—the bold generalizer, who has laid a master hand on almost every department of medicine; who has written a hundred volumes; whom every body quotes, even men who study specialties, and who recognize that, during a life of ceaseless toil and exertion, *he* has made a specialty of every department of his profession, and has rendered himself as competent to pronounce upon their respective merits as any enthusiast of a single one—whether it be in surgery, *materia medica*, obstetrics, physiology, diseases of the eye, or any thing you please to name. M. Velpeau is a bold, successful innovator in each and every one, and he has stamped his name in every text-book that the student uses. He has written, and now writes, tomes filled with costly illustrations, which the medical world reads and consults, and swears at sometimes, but always quotes or follows. There are none so dauntless as not to do him reverence; none so bold but do not ask what Velpeau said this morning at a clinique. Does he discover any thing, he seeks to have Velpeau test it. With Velpeau's sanction he is confident against the world in arms, and goes forth with redoubled zeal. Does Velpeau damn the new project, it is like a dash of cold water, and the thermometer of his ardor falls instantly. I think that, generally, M. Velpeau, after his very large and most enlightened experience and observation, has a right to pronounce, and that he does so cautiously and with discrimination. He has at times been quick, and perhaps wrong, and I think now the microscopists will make him rue the day that he decided too dogmatically against their true and false cancers; for already MM. Lébert and Robin will show him that the glass is surer and more unerring than the unaided experience of even *his* eye and finger, and he will confess, or what is worse, posterity will do it for him, that true cancer and the unmalignant fibro-plastic growths reveal themselves by signs more certain than those gained by observation and sight simply. Perhaps, too, M. Ricord, or his successors, will demonstrate that in proclaiming his doctrine of syphilization a true advance has been made which time will sanction and en-

force, and that its cardinal points are *real*, which M. Velpeau utterly repudiates and rejects *ab ovo*, root and branch. Velpeau must recollect that Ricord, though young and vigorous, resembles him in one respect—he does not take vacation either.* An old man, however great, is apt to remember triumphs won in youth from giants, and he grows too confident thereby. He is apt to forget that the tables turn as age advances and years roll by, and when the conflict lies between the old and the youthful, but at the same time the vigorous, the cautious, and the observant.

As a lecturer Velpeau is not remarkable, though he is sufficiently fluent and pleasant. Some new comers find his French easy to understand; but though he does not mumble his words and splutter as M. Roux did, yet there are several in Paris who speak very much plainer and better than he. I could cite Trousseau and Maisonneuve for examples. His tone is somewhat monotonous, and however enlivened by an occasional dry jest, there is neither much eloquence nor any brilliancy. With talents superior to those of Malgaigne, Velpeau does not possess either his wit or his command of elegant but caustic satire. Like Velpeau, *he* also is familiar with the whole domain of surgery, and in the full glow of description his expressive face, lit up and animated by his subject, presents a *pictura loquens*. But Malgaigne's weapons are all barbed. He is addicted to sarcasm and deals in denunciation, and when moved by bitter scorn he indulges, as is his custom, in fierce invective and launches his envenomed shafts against the surgical innovations, pretensions, and extravagances of the age; his face becomes black with rage; "dark bile swells his bosom,"† and his aspect is as malignant as the genius of evil. But Velpeau's attraction is his fame, his knowledge, and the perfect flood of light which his vast experience enables him to throw on every subject. You feel that he utters opinions which you can set down as rules and axioms for your guidance in practice. He speaks *ex cathedra* upon every topic; his words are golden, for they flow refined from a vast mass of material collected during years of earnest toil—a toil directed by an enlightened understanding and guided by an acquaintance and comparison with not simply the stores

*M. Ricord informed me that, with the exception of the last, he had not indulged in the ordinary *vacance* of the Paris doctor for twenty years. He was at the *L'Opital du Midi* the year round.

†*Atra chole tumet jecur.*

of the past, but with the improvement of modern research.

Old and antiquated notions, and an adherence to early impressions, however false, cling to some who are only distinguished by age, arrogance, and imbecility. But Velpeau, clothed in the ancient heavy armor of the veteran, still bears about him the keen and trenchant sword, as sharp and polished as that of any youthful champion around him. He may hedge himself in with precedent and experience, but he is constantly reëxamining his precedent, and weighing and comparing his experience with that of others, while none contribute more fresh additions to them than himself. As his English compeer across the channel, old Liston, said, "Age is not the test of experience; the possession of the greatest number of well-assorted facts on any particular subject, whether they be got in five years or in fifty, constitutes experience."

Though Velpeau has a finger quite awry and misshapen, from some wound gained during the pursuit of his profession, I believe, yet this does not at all interfere with his manual dexterity. Not priding himself on it, he is yet ambidextrous. I shall be excused for saying that however skillful in this respect, he can not surpass our countryman, Mott, who uses either hand, sinister or dexter, with the most perfect indifference to himself. I have seen Mott dissect out a tumor over the wrist of a patient at a surgical clinique in New York when he employed his left hand alone; the individual did not lose an ounce of blood, and there were the vessels flowing just beneath, which had been evaded with a nicety surprising to the beholder. We know that, with a few rare exceptions, including some operations on the eye, the surgeon had always better avoid display, and manipulate with the usual and most natural member.

Verily, there is a charm and an attraction about surgery which deceive and captivate the young, the inexperienced, and the unwary. It operates directly upon the senses. There is a brilliancy and a decision about the movements of the glittering knife which are entirely irresistible. It does its work so directly, suddenly, and without appeal. The sight of the sudden gush of life-blood welling up from the heart itself has something about it which stimulates and excites; so that most men start to be surgeons as they do to be metaphysicians, but when they are past thirty they find they have been guilty of an expensive blunder, for the proportion

of their medical to their surgical cases are as ten to one, and time and years are wasted in the attempt to make a Velpeau or a Malgaigne, when they might have been much more respectable and distinguished as a Trousseau, Bouillaud, or a Louis.

It neither requires talent nor genius to wield the knife, for the heavy and the phlegmatic, the stolid and the dull, operate when they can not prescribe, and excise and amputate when they can not cure. Traumatic injuries and morbid growths are rare in number and slow in formation, while medical cases are frequent and come thick and fast; at the same time they demand more time and care for their relief. Surgery had indeed an ignoble origin; and from the earliest times was subordinate to the "higher medicine." Le Sage knew this: For when Gil Blas or his illustrious master, Sangrado, wanted the services of a surgeon they called for—"Ce Ministre de la haute Médecine—c'est à dire le Chirurgien!" To be a great surgeon, however, in the enlarged application of the term, requires all the qualities of the mere operator as well as those of the judicious medical man; but there must also be the material to give experience which only falls to the lot of a very few, even in the largest and most populous cities.

Among his peers, if peer he has, Velpeau is *facile princeps*. See him standing amid his gowned associates, as for example, when Orfila died, and his body was brought by them into the Church of the San Sulpice, or when he walks into the Academy of Medicine, or sits around the table at the Ecole de Medicine, when they are examining by *concour* that fine band of talented young Frenchmen contending for places. Hear how many of them will quote him, Malgaigne, Nelaton, and Roux, and see how queer and characteristic he looks all the while. I always smile when I watch Velpeau!

His hand was sick last year, and it was curious to observe how the internes flocked around it of a morning—how the sisters in white caps brought flaxseed, and the nurses flew for laudanum, and every body offered their services, while old Velpeau disdained them all and quietly dressed it himself. He never had it done at home, as every body else would, by some member of his household, but, like a surgeon, he kept it to be taken care of by men in the midst of that theater, where it had daily for so many years been performing such feats. I often looked on and smiled at the fun. I think,

on one occasion, he did let one of them tie it up when he got through, and I presume it will be traditional, or like an heirloom in the man's family.

Singular to relate, this ambitious acquirer of professional lore does not speak English. Like most of his countrymen, he is content with the French, which they think everybody either does or should understand, and if they do not that is simply their loss. One morning, winter before the last, he stopped two or three of us on the stairs, to assist in translating what a raw Irishman said, who was attempting to obtain a certificate of six weeks' attendance upon the surgical clinique.

Velpeau has received a notice in the "*Biographie Universelle des Contemporains*," published as far back as 1834, from which I gather and translate a few particulars (see fifth and supplementary volume):

"Alfred Armand Louis Marie Velpeau, Chevalier of the Legion of Honor, etc., is one of the most striking examples of what can be effected by energy of character, particularly when united to a happy natural facility." He was born in 1795 at Brèche, a small hamlet eight leagues from Tours. His parents were poor but honest. After some medical studies in his native place and in the hospital at Tours, he came to Paris soon after 1818 with four hundred francs, minus his traveling expenses. He lodged at seven francs per month and expended ten sous (half-franc) daily for his meals. He was soon crowned at the *Ecole Pratique* and nominated aid in anatomy. He gave private courses in anatomy, surgery, and obstetrics. Before 1830 he had triumphed six times at the *concour* out of ten essays, and he was nominated surgeon to the Hospital La Pitié.

It would be needless for me to mention in detail his subsequent successes or the list of works which he has written. Justly admired by the civilized world, with which his fame as a surgeon and physician was coextensive, when he died one of the great lights of the age was extinguished, and he is lamented by thousands in every land, who were guided by his precept or taught by his example. His genius, his aptitude for scientific investigations, the practical cast of his mind, coupled with his capacity for labor, placed Velpeau at the very summit of his profession in the most enlightened capital of Europe. There for a great number of years he was the chief center of attraction for every one who visited France with a view to medical improvement.

Reviews.

Invalid Cookery: A MANUAL OF RECIPES FOR THE PREPARATION OF FOOD FOR THE SICK AND CONVALESCENT. To which is added a chapter of Practical Suggestions for the Sick-room. By Mrs. JULIA A. PYE. Edited by Mrs. ELIZA A. PITKIN. Chicago, 1880.

This little book contains a great deal of useful information, and should meet with an extensive sale. The author's advice in the sick-room is excellent, as the following extracts indicate:

SUGGESTIONS FOR THE SICK-ROOM.

In cases of severe illness *keep visitors out of the room*, or, if admitted at all, they should never enter into discussions of any kind; their conversation should be cheerful and stay short, avoiding all unpleasant subjects, bad news, or anything of an exciting nature.

Always remember the sick-room should be kept quiet. Much suffering would be avoided if thoughtless friends would heed these admonitions.

Do not whisper. It causes great anxiety to the patient to feel that his ailments are being discussed in inaudible tones. He is often suspicious, his imagination is vivid, and the presumption to him becomes a reality of wonderful proportions. A low, well-modulated voice will seldom disturb the most sensitive patient.

It is well to note down the physician's directions in regard to giving medicine, etc., as the fatigue and anxiety incident to sickness renders the memory unreliable. . . .

Use a glass spoon for giving medicine, and never under any circumstances give it in the dark.

An extra bed in the room, to which he can be moved daily, will be a grateful and salutary change, and will allow time to make up and air the bed.

An india-rubber bag for hot water is a great convenience in the room, as it is easily removed to any part of the body.

To preserve ice, take a piece of flannel eighteen inches square, cut a small hole in the center, and pass it over a wide-mouthed pitcher; sink it half way down, and secure it around the pitcher with a string; fill it up with small pieces of ice, cover well with a double thickness of flannel. The water will drip from the flannel into the pitcher, leaving the ice dry. If these instructions are observed, small pieces of ice can be kept many hours.

When making up a bed for a patient who is feeble and unable to help himself, take two sheets and fold them twice lengthwise; lay them across the bed, one under the hips, the other under the shoulders. By taking firm hold of the ends of the sheets on one side of the bed, and gently drawing toward you, it will be easy to move the patient from one side to the other. To turn the patient, slightly lift the sheets as you draw them.

If possible, change the bed-linen daily, and air the blankets and other bedding as often, but not in the room with the patient.

But on one point we utterly and totally differ with the author. It is this: "Do not consult with a patient as to what he would like to eat. Appropriate food should be

given without his care." This is horrible and harmful advice. Unless the patient be an idiot, a lunatic, or an infant, his taste should be consulted, and the safest course almost invariably is to allow his preference to decide the character of his nourishment. Physiology has not yet proved a wiser guide than the voice of nature, speaking through the stomach, in the matter of sick people's diet. If the questioning weary or worry the patient, then of course he should be let alone, and the attendant should provide such inviting food as may tempt his appetite. Should a patient have no desire for food, and more especially should food be repugnant to him, it is safest to allow him to fast. Over-feeding in the sick-room is one of the evils of the day. It is extremely difficult for vain human beings to believe that nature is ever a safer guide in health or in disease than their conceited brains, and yet they might often learn wisdom from the lower animals. When one of these is seriously sick he seeks solitude and quiet, and his companions leave him alone. When a human being is seriously sick all his friends and relatives flock to his room, and breathe his air and weary his ears and his eyes and wear out his patience by their prattle and their presence. The sick brute eats when he is hungry and drinks when he is dry, and abstains from food and drink when they are not craved. The unfortunate sick man is daily pestered into forcing some nourishment, such as beef tea or other slop, into his unwilling stomach by his well-meaning but unwise companions. He is told that he must eat something or he will die. The premature mortality from sickness in the human family is certainly greater than in the lower animals, and the harmful though amiable meddlesomeness of his fellow-beings in time of sickness is no doubt one of its causes.

Books and Pamphlets.

DRAINAGE AND UNDERDRAINAGE IN THEIR SANITARY AND ECONOMIC ASPECTS, AND THE SEWERAGE OF CITIES. By S. D. Seelye, M.D., President of the Medical and Surgical Society of Montgomery; Member of the Board of Censors, and Senior Counsellor of the Medical Association of the State of Alabama, and Member of Committee of Public Health of the State Board of Health. Prepared at the request of the Chairman of the Committee of Public Health, and printed in the Transactions of the Medical Association of the State of Alabama.

This is full of interest and instruction.

THE AMERICAN JOURNAL OF INSANITY. Vol. XXXVII, No. 1, July, 1880. Utica, N. Y.: State Lunatic Asylum. New York: John Wiley & Son.

This journal should be studied by all persons engaged with the insane.

THE COMMONWEALTH OF KENTUCKY VS. FRED. AULTMAN: ARGUMENT FOR DEFENDANT IN JEFFERSON CIRCUIT COURT. "Where a special statute has been provided for governing a particular locality, a general statute on the same subject is to be construed as impliedly excepting from its operation the locality already so provided for." "Statutes compelling persons, under penalty, to 'observe as a Sabbath' the Christian Sabbath are unconstitutional." Bijur & Davie, for defendant. I. & J. Caldwell & Winston, Barnett & Noble, W. R. Abbott, of Counsel.

An able defense of the rights of the poor.

PEARLS: Consisting principally of Original Religious Articles. By R. L. F. Louisville, 1880.

This is a sort of moral syllabub, and persons possessed of a cormorant appetite and porcine digestion for "goody-good" sweet things of this kind will find Pearls to their taste. The egotism of the preface and the carelessness of the author's use of English are the most striking features of R. L. F.'s production.

NOTE ON THE ALKALOIDS OF CINCHONA. Read before the Medical Society of the State of Pennsylvania, at Altoona, Pa., May 21, 1880. By Benjamin Lee, M.D., Ph.D., F.A.A.M., of Philadelphia.

"Quinia," the writer says, "its first discovered, is undoubtedly also its most active principle. Wherever malaria creeps stealthily over the land there goes up the cry for quinine. The modern general, when about to enter upon a campaign, is as anxious to secure his supply of quinine powder as of gunpowder." But while paying due homage to quinia, Dr. Lee calls attention to the value and advantages of the other cinchona alkaloids. The subject, a most vital question, is ably handled.

KENTUCKY MAGAZINE: A Monthly of Science and General Literature. "*In Media Stat Virtus.*" September, 1880. Contents: Molecules and their Motions—Romyn Hitchcock; A Morning in the Scottish Parliament House—E. N. Lamont; Erin; Noemi, or the Tithe—Translated from the French of Georges Stenne, by Willard L. Felt; A Legend of St. Antony—Mary E. Mannix; Mrs. Jamison's Summer Tour; "The Cat's Fugue"—From the German of Elise Polk; The Burning of Chicago; The Fate of a Nation; "My Heart, and Canst Thou Tell Me?"—From the German, by M. E. M.; How I Enjoyed the Smallpox—E. N. L.; The Paynim Bride—Lavielle; Miscellanea; Editorial Department. Edited by Mrs. Sarah Irwin Mattingly, Bardstown, Ky. Terms, three dollars in advance.

We wish this effort the greatest success. Its editor is a lady of high merit, and the first number shows energy and discretion.

TRI-STATE MEDICAL SOCIETY, }
 OFFICE OF SECRETARY,
 MITCHELL, IND., September 29, 1880. }

The sixth annual meeting of the Tri-State Medical Society will be held in the city of Louisville November 9, 10, 11, and 12, 1880.

This society receives to membership any regular physician in good standing in any local society auxiliary to the American Medical Association. G. W. BURTON, *Sec'y*.

W. W. SENTENY, M. D.,
Ch'n Com. Ass'n, Louisville, Ky.

The indications are that this enterprising society will have a large and interesting meeting. All medical men in good standing will be welcome.

THE OYSTER.

O mollusk nutritious,
 Bivalve delicious,
 There's nothing pernicious
 In thy succulent dish,
 Thou dearly-loved fish!
 Heightening our gayeties,
 Sweetening asperities,
 Softening austerities,
 Stomachic, smoothing,
 Toothsome and soothing.
 However thou'rt galloped,
 Stewed, roasted, or scalloped,
 Raw, pickled, or fried,
 Thou still art the pride
 And Queen of the tide!

—*Cincinnati Lancet and Clinic*.

DEPRAVED TASTE IN ANIMALS.—The subject of a depraved taste in animals is an interesting one, which has not been studied as much perhaps as it might. In human beings it would seem to depend on ill health of either body or mind; but in animals it would seem as if it might be present and the animals enjoy good health. One remarkable instance in an herbivorous animal is vouched for by a writer in Nature. It occurred in a sheep that had been shipped on board one of the P. and O. steamers to help to supply the kitchen on board, but while fattening it developed an inordinate taste for tobacco, which it would eat in any quantity that was given to it. It did not much care for cigars, and altogether objected to burnt ends; but it would greedily devour the half-chewed quid of a sailor or a handful of roll tobacco. While chewing there was apparently no undue flow of saliva, and its taste was so peculiar that most of the passengers on board amused themselves by feeding it, to see for themselves if it were really so. As a consequence, though in fair condition, the cook was afraid to kill the sheep, be-

lieving that the mutton would have a flavor of tobacco. Another very remarkable case has just been communicated to us by Mr. Francis Goodlake: this time a flesh-eating animal in the shape of a kitten, about five months old who shows a passionate fondness for salads. It eats of sliced cucumbers dressed with vinegar, even when hot with cayenne pepper. After a little fencing it has eaten a piece of boiled beef with mustard. Its mother was at least once seen to eat a slice of cucumber, which had salt, pepper, and vinegar on it. The kitten is apparently in good health, and its extraordinary taste is not easily accounted for. Even supposing it once got a feed of salmon *mayonnaise*, why should it now select to prefer the dressing to the fish?—*British Medical Journal*.

PHARMACY AND THE PRACTICE OF MEDICINE.—The best students who make the attempt to master the details of materia medica acquire but a vague notion of it, and drop the study as soon as possible, except those who expect to combine the business of pharmacy with the practice of medicine—a union which always results unhappily and is not to be approved.—*Dr. Roberts Bartholow*.

THE RELATION BETWEEN UTERINE AND HEPATIC DISORDERS.—Mr. A. H. F. Cameron, L.R.C.P., Edinburgh, furnishes a valuable paper on this subject to the Medical Times and Gazette of July 31, 1880. He quotes several authors in confirmation of his experience of the intimate connection between hepatic and uterine congestion. Of this connection we have no doubt, and the best of all remedies in either congestion, or in the two combined, are iodide of potash, iron, and quinine.

WOOD PAVEMENT.—The Commissioners of Public Works have sanctioned a loan of £4,000, part of the loan of £100,000 for the paving of Dublin, to be expended upon wood pavements in certain portions of that city.—*Lancet*.

MEDICAL HONOR IN PHILADELPHIA.—The Phila. Med. Times says consultations are rare in Philadelphia. The young men are afraid to call in their elders because they allure patients from those whom they are called to advise. Between the crafty old men, the inexperienced young men, and Buchanan's diploma-mills, medical matters there are dark.

Miscellany.

HONEST ENGLISH TEMPERANCE.—A motion of Dr. Norman Kerr, seconded by Professor Macnaughton Jones, was carried in the form of an instruction to the Committee of Council, to endeavor to arrange in future that, at the annual dinner, gentlemen who do not desire to drink wine shall not be called upon to pay for it (*British Med. Journal*). Of course, more than the minor financial question was there at stake. What was intended was a formal recognition by the Association of the fact that those who habitually abstain from wine as an article of diet are now a section of the community whose numbers are sufficiently considerable in the medical profession, as their motives are certainly sufficiently praiseworthy, to make their habits and wishes worthy of public recognition. The carrying of such a resolution—and we rejoice to say that it was carried almost unanimously in a very crowded meeting—was a testimony by the British Medical Association of its profound respect for, and sympathy with, those who, like Dr. Norman Kerr, bear witness by their lives and works, as well as by their words, to the duty which falls upon all citizens, and upon medical men especially, to stem, by whatever means appear to them most effective, the tide of intemperance which swallows up so much of the strength, health, and morality of the people. It is good that no opportunity of bearing such testimony should be lost, directly or indirectly. The vote may be inconvenient; and we are inclined to think it will sometimes prove to be so; and this side of the question was put before the meeting; but it is evident that the Association is not unwilling to bear some inconvenience in behalf of a cause which it so highly esteems.

FASTING OR STARVATION.—Mr. George Fleming, F.R.C.V. S., in the *Veterinary Journal* for September, referring to the supposed fasting experiment of Dr. Tanner, says that a similar cruel attempt was made with a number of horses in Paris in the spring of 1876 (*Med. Press and Circular*). There was, indeed, this difference between the two cases, that the fast was forced upon the poor quadrupeds without their consent, and that there was a pretense of utility about the French experiment. The aim, as it was stated at the time, was to discover how long horses could go without food in the event of the

scarcity which accompanies a state of siege. The following results were obtained from the inhuman experiment: 1. It was proved beyond all doubt that a horse can hold out for twenty-five days without any solid nourishment, provided it is supplied with sufficient and good drinking-water; 2. A horse can barely hold out five days without water; 3. If a horse is well-fed for ten days, but insufficiently provided with water throughout the same period, it will not outlive the eleventh day. One horse, from which water had been entirely withheld for three days, drank on the fourth day sixty liters of water within three minutes. A horse which received no solid nourishment for twelve days was nevertheless in a condition on the twelfth day of its fast to draw a load of two hundred and seventy-nine kilos.

DR. G. P. HACHENBERG, of Austin, Texas, is engaged in the compilation of a "Consultation Prescription Book." To give thoroughness to his work, he respectfully solicits from practitioners information of—1. Any remedial agent of value not generally recognized in medical works; 2. Their experience in the use of formulary preparations of value, that have been of late years placed in the medical market by several of our leading laboratories; 3. The contributions of favorite prescriptions, not necessarily original, but authenticated, and of well approved efficacy; 4. Their individual opinion of the therapeutic value of the leading medicines relatively considered from one to one hundred. Any aid of valuable import, either through recent publications, or direct from practitioners, will be thankfully received and duly accredited in the work itself.

A HINT.—George Budd, jr., Clifton, Bristol, Eng., writes to the *Lancet*: Phthysical subjects often experience great benefit from a long sea-voyage. Fresh sea-air is probably the main medicine, but at a time when antiseptic inhalations are being favorably employed in the treatment of phthisis it may be well to inquire whether the presence of large quantities of tar may not exercise a favoring influence. That the air of a ship is thoroughly and permanently impregnated with this antiseptic material our noses can testify.

[The pine forests of the Southern States have been supposed to be beneficial to phthysical patients, and tar in various forms is an old popular remedy in pulmonary diseases.]

Selections.

Malaria in India.—We make these valuable extracts from the Medical Press and Circular of September 15th, which contains lengthy excerpts from Surgeon-major F. N. Macnamara, M. D.:

At Chuckrata, five thousand to seven thousand feet high, the occurrence of ague takes place, though the want of subsoil and surface-drainage can scarcely be a principal factor in its causation. The prevalence of that disease at such an elevation is not easily accounted for.

Water is a medium in which malaria accumulates. In many instances cholera is directly traceable to the use of impure water; but "neither in Bengal nor elsewhere in India can we connect periodic fluctuations in the prevalence of cholera with fluctuations in the degree of impurity of the drinking-water of the people." Foul water is a fertile source of dysentery, diarrhea, and of roundworms. In Tirhoot, where there is stagnant water, the people suffer from fever; but not always, nor are we able to explain the cause of this difference. At Simla, the foulness of the water, added to malaria and chill, occasions the diarrhea which prevails there. At Peshawur the water of the canal is foul and infected; but inasmuch as the Europeans and some of the native troops use the uncontaminated water of certain wells, this condition can be counted but as a partial factor in the unhealthiness of the station. At Bunnoo the drinking-water is taken from open gutters and from tanks fed by gutters. It is no wonder the men suffer terribly from fever, enlarged spleen, and diarrhea. The circumstance is in accord with experience in India that persons whose systems are saturated with malaria acquire a peculiar and characteristic dark complexion. According to native belief, the water of the Ghuggur, containing malaria from irrigated lands, renders their skins dark. It would appear, then, from the above that although water is a medium of malaria and a cause of certain local affections, the relation between its condition and the prevalence of those diseases is not always the same.

Canals and Irrigation. In the Rohilcund terai irrigation was looked on as hurtful to the health of the people. In the Doab, epidemics of malarial fevers prevailed before canals were constructed. In the Punjab, unless they intercept the natural drainage, canals were themselves innocuous. Although in some instances fever seemed to prevail most in places under the influence of canal irrigation, there were others—as the Khadir of the Jumna—not under the influence of canal irrigation, where fevers prevailed with an intensity as great as in the worst of the canal villages. Fevers increased when the surface was overflowed.

Dr. Mackinnon writes that "where we have stagnant waters and rank vegetation we often have fevers, but not always; nor are we able to explain why there is this difference." He observed that some of the lakes or lagoons were far more unhealthy than others. Malarial influences may precipitate themselves on certain organs, *producing apparently purely local disease*, or local disease and anemia, but without fever. With reference to the application of the terms *malaria* and *climate*, the statement occurs that the *climate* of Gonda is considered very *malarious*; also "there can be little doubt that the local conditions, whatever they are, which rendered *malarial*

diseases more common at Petoraghur than at Lohoo Ghat caused the greater prevalence of *goiter* at the former station." Besides that affection there are others, however, which are considered directly due to *malaria*—an intermittent and remittent fever, dysentery, and diarrhea. Between ague and the two latter, as they occur at Dhurumsala, there is considered to be a strong bond of connection.

The effects of malaria are less prevalent in walled cities than in country districts; but persons whose health has been impaired by malaria in the plains are thereby rendered more liable to attacks of severe diarrhea on going to some hill stations.

Nevus.—A writer in the British Med. Journal of September 11th says: Some time ago I tied a mixed nevus, of the size of a bean, upon the shoulder of a female child eight or nine months old. Four hours afterward I removed both needles and ligature, with the view of preventing a scar, a plan recommended by Mr. Cooper Forster. Considerable inflammation was caused by exposure to cold; and the nevus, at the end of two months, was unaffected. The operation was repeated (under chloroform, as before), but at the end of eight hours an attempt to remove the thread failed. It therefore remained in its place. It had been tied tightly enough to cause fluid to exude from the tumor. Next day there was inflammation around the base. I now drew the surrounding skin of the back, chest, and shoulder toward the tumor by means of long strips of plaster, so as to throw it into loose folds (thus relieving tension), leaving the tumor visible in the center. The redness and swelling quickly disappeared; there was not a drop of pus or other fluid seen; the tumor dried up, and in a few days fell off with the ligature; not thrown off by ulceration, but simply falling like a dead leaf. Since ulceration causes a large scar, and as it probably depends chiefly, as in many other cases, on the tension of the surrounding skin, this expedient may save marks in situations where it is important to avoid them. The scar in this case was not so visible as even a mild vaccination-mark.

To Disguise Cod-liver Oil.—Dr. Peuteves, in the *France Médicale*, recommends, in order to render cod-liver oil tasteless, to mix a tablespoonful of it intimately with the yolk of an egg, add a few drops of essence of peppermint, and half a tumbler of sugared water, so as to obtain a *lait du poule* (Med. Press and Circular). By this means the taste and characteristic odor of the oil is entirely covered, and the patients take it without the slightest repugnance. Besides, the oil being thus rendered miscible, as the water in all its proportions is in as complete state of emulsion as the fats at the moment they penetrate the chyle-vessels, consequently absorption is better assured.

For the Removal of Tan and Freckles.—Dr. Nevins Hyde indorses the formula of Prof. White: \mathcal{R} Hyd. bichlor., gr. vi; acid. mur. dil., \mathfrak{z} i; aquæ, \mathfrak{z} iv; alcohol, aq. rosar., āā \mathfrak{z} ii; glycerin, \mathfrak{z} i. M. Apply at night and wash off with soap in the morning.

A case of chronic gastric ulcer, with total absence of symptoms, perforation, peritonitis, and death, is reported by W. G. Creswell, L. R. C. P., L. R. C. S., Edin., Medical Officer of Health, Saltley, in the *Lancet* of September 18th.

The Pathological Relations of the Eye and Ear.—At the recent meeting of the French Association for the Advancement of Science, Dr. Dransart read a paper entitled, Clinical and Pathogenic Considerations on the Pathological Relations between the Eye and the Ear (*Le Progrès Méd.*). He bases the work on four cases, which may be thus summarized:

1. A tinker lost the right eye in 1870 (wound from a fragment of iron, traumatic cataract). As the result of this accident he became deaf of the right ear (*Med. Press and Circular*). In 1880 he received a similar fragment in the left eye. He became deaf of the left ear. He was an alcoholic subject.

2. A child aged twelve years, received a snowball in the right eye. He became deaf of the right ear. Father and mother syphilitic.

3. A girl, aged eighteen years; scrofulous, deaf, and almost blind. Multiple lesions of the cornea, sclerotic, and iris. Double iridectomy; sight was restored to the patient and the hearing improved.

4. A girl, aged eight; deaf, ocular lesion, iridectomy, amelioration of vision and diminution of deafness.

After calling to mind the anatomical relations existing between the eye and the ear through the medium of the trigeminal which supplies both (by the otic ganglion), the author considers the reflex effects of dentition and of certain wounds. He proposes, with reserve, the conclusion that there exist between the eye and the ear pathological relations of a reflex nature. These relations, which take place through the medium of the trigeminus, are such that a wound of the eye may induce deafness, or may ameliorate a deafness already existing. This action of the eye on the ear, which seems capable of producing what we call *reflex deafness*, or of ameliorating deafness already existing, seems to occur preferably under certain pathological conditions, such as syphilis, alcoholism, lymphatism, or scrofula.

Cold Water in Fevers.—As much has been written recently about water as a drink in fevers, the following extracts from a paper which appeared in this journal some years back by the late Prof. L. P. Yandell, sr., may be interesting (*Amer. Pract.*):

As a drink in febrile and inflammatory diseases, cold water is of inestimable value, and few physicians, it may be hoped, retain at this day any of the old prejudices against it. There is, in truth, no substitute for cold water in fevers, and after a long experience I freely express the opinion that it is admissible at all times in every morbid condition of the system. It is never contra-indicated when the patient craves it. Ice is better in cases of vomiting, but many times the thirst is not appeased by ice, and then with it ice-water should be freely allowed.

I may mention in this connection a practice which I have pursued for many years and have been in the habit of recommending to my friends for securing sleep in very hot weather. It is this external use of water. A cold bath before going to bed will effectually lower the temperature of the body and favors sleep; but a bath can not always be commanded, and then I have availed myself of the evaporating process. The night-shirt being saturated with water carries off the heat of the body by evaporation, and renders sleep possible in the hottest summer night. In all the forty summers during which I have been using water in this way I have never contracted a cold from the practice.

The Homeopathic Congress.—When every other body of men is having its congress it would be hard if the homeopaths were not to have theirs. Accordingly they have been meeting in Leeds, and have been trying to take a hopeful view of their position in the world. To do them justice we must say that the principal speakers spoke with a modesty and a certain vagueness which contrast favorably with the old and intolerant style of the master. The principle object of the president, Dr. Yeldham, in his address, was to magnify the element of certainty in medicine. This is a sentiment so proper that we can all accept it. But the question is, What is certain? The homeopathic doctrine has been so roughly handled lately by leading homeopaths that we must consider it, to say the least, very uncertain. We have been lately told by the leading homeopathist in London that the principle of cure is sometimes *similia similibus* and sometimes *contraria contrariis*, whereas the master said that no future experience would qualify the principle of *similia* as the one and only principle of cure. Recent homeopathic practice raises still stronger doubts about the certainty of other thing that the master insisted on as established—viz. the virtue of infinitesimal doses. Every now and again good, simple homeopaths, of which a few still survive, are shocked by the rebellion of unworthy disciples. Formerly homeopathy had only to contend with the disadvantage of divorce from scientific medicine; now it has to bear the fate of a divided house. At the dinner in the evening Dr. Yeldham tried to speak comfortably to his brethren on the subject of the slow progress of homeopathy. He thought great reforms were always slow; but considering the reasonableness of the age, and the fast rate at which truth and falsehood are exposed, it is certainly becoming a serious argument against homeopathy that eighty years after its promulgation it is as much without scientific recognition as it was two generations back. About the same time that homeopathy was announced Jenner announced the efficacy of vaccination. Let any body contrast the fate of the two announcements: the one accepted by every civilized country and by every medical school in the world: the other without recognition in any European University, even in Germany, the land of its origin.—*Lancet*.

Milk Diet in Heart-disease.—M. Potain, at the recent meeting of the French Association for the Advancement of Science, read a paper on this subject (*Med. Press and Circular*). Milk diet is particularly efficacious in secondary cardiac affections, as hypertrophy or simple dilatation of a gastric or renal origin. The diet modifies the condition of the kidney and the stomach, because it gives these organs almost complete rest; therefore, to be thoroughly efficacious, it should be absolute and more or less prolonged. It may be usefully employed in cases of simple reflex palpitation of gastric origin. It may also be advantageously used for its diuretic action in dropsy, especially, and perhaps exclusively, when the dropsy is of renal origin.

Goat-pox, sheep-pox, swine-pox, dog-pox, camel-pox, chicken- and turkey-pox, all closely allied to human variola, are recognized diseases, and Mr. Geo. Fleming, F. R. C. V. S., Army Veterinary Inspector, has an interesting article upon these diseases in the *Lancet* of September 18th, entitled Human and Animal Variolæ: A Study in Comparative Pathology.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. X.

LOUISVILLE, OCTOBER 16, 1880.

No. 16.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

MIXED ANESTHETICS.

At a very early period of anesthetics there came the mixtures of chloroform and ether in varying proportion, endeavoring to compromise between the safety of one and convenience of the other. Three mixtures were investigated by the chloroform committee. First: Alcohol, one part; chloroform, two parts; ether, three parts. Second: Chloroform, one part; ether, four parts. Third: Chloroform, one part; ether, two parts. The first, the familiar A. C. E. mixture, was especially recommended. Under the third mixture Atlee did his ovariectomies. The Vienna mixture is three parts of ether to one part chloroform, under which eight thousand operations have been performed without fatal accident. Billroth's more recent mixture is three parts of chloroform to one part each of ether and alcohol. The accidents under these various combinations have been very rare, scarcely more than a half dozen having been recorded, and Dr. Reeve is led to ask why they have not been more generally adopted by the profession. An early fatal case under the use of one of the mixtures, erroneously attributed to the anesthetic, he gives as one of the reasons, and the other is strangely enough theoretical. It is that the rate of evaporation of the several ingredients of the mixtures is unequal; that in spite of the mixture the patient is getting chloroform or ether singly, and the more dangerous of the two when he is least able to bear it. It is more probable, however,

that when the alcohol is used there is more equal blending of liquid and vapor; and if fears are entertained that the ether in evaporating first leaves the chloroform to follow, it is easy enough, says Dr. Reeve, to obviate the difficulty by keeping the sponge freshly charged with the mixture.

We have seen the A. C. E. mixture frequently used and abandoned, not, however, on theoretical grounds, but because it did not bring the patient rapidly enough under its influence. And in this connection we have here, as elsewhere, a not infrequent method of administering anesthetics which Dr. Reeve does not discuss. This is to bring the patient first under the chloroform, and keep up the sleep by ether. Certainly in this mixed method we have a sure way of telling which vapor comes first.

The record of the mixed anesthetics is a good one, and they no doubt will continue in favor.

Dr. Reeve also discusses the modification of anesthesia by the preliminary injection of morphia. We have no doubt this mention will bring to the mind of many of our readers a plan that they tried when it was first brought out, but which for one reason or another they had pretty much abandoned. There is one advantage of reading such a comprehensive review of the subject as presented by Dr. Reeve. It stirs us in our old ruts and leads us to examine the other paths.

The combination of hypodermic morphia with chloroform administration comes with excellent recommendation. It is claimed that it is especially adapted to prolonged operations, reducing the quantity of chloroform necessary, and lessening the stage of

muscular and mental excitement. "Upon these points," says Dr. Kappeler, "the advantages have been on various sides clinically proved and are only seldom called in question."

De Marguay was of the opinion that the morphia increased the danger of the anesthetic; but Mallow, one of the enthusiastic admirers of the method, claimed that the morphia, in lessening the irritability of the air-passages, restrained reflex action upon the heart; also that in small doses it increased blood-pressure by its action on the motor-ganglia of the heart, and by its contraction of the peripheral vessels, thereby opposing from the beginning the chief deleterious influences of chloroform. Dr. Kappeler makes the injection of morphia twenty or thirty minutes before the inhalation is begun, and uses of the muriate .015.

Dr. Reeve makes the very apposite remark, that it is reasonable that this process is peculiarly adapted to nervous females or any patient looking forward with great dread to the anesthetic. "Such mental action," he says, "is blunted and subdued by the narcotic, and the patient can then be gently conducted along a path which without it he could only travel with resistance and fear, if not horror."

None of the advantages of morphia-chloroform narcosis belong to the morphia-ether narcosis. The combination, on the other hand, is rather injurious, nor, according to the experience of Dr. Kappeler in seventy cases of ether-chloral narcosis, is this combination to be better recommended.

FASHION IN DEFORMITY.—The Popular Science Monthly for October publishes an interesting article on this subject from the pen of William Henry Flower, LL.D., F.R.S. His address is an instructive one, and in all that he says of the Indians, Africans, Chinese, and Australians we heartily agree with him. Certainly they do but augment their hideousness in their attempts to enhance their beauty by improving on nature; but

when he comes to consider white folks, and to trot out that old battered torso of the Venus of Milo as a model for modern women to pattern after we take issue with him. That the torso has the curves of beauty in great perfection may be true, but in London and in Louisville there are thousands of female forms that are vastly more beautiful.

There is not only no proof that moderate lacing is injurious, but every man much acquainted with the ways of women is well aware that stays are a great support and comfort to weak backs, and are thereby frequently promotive of health. As to their deforming women, that is a matter of taste, and to our taste they greatly improve the average female figure. Does any sane man pretend that the waists, busts, or any other feature of the peasantry of England are handsomer than these same features are in the middle and higher classes of that country? Does any one whose eyesight is correct consider the figures of our Indian squaws and negresses and domestic drudges and frontiers-women superior in symmetry to the figures of our women of fashion? The highest form of female shape is marked by narrow, drooping shoulders, small waist, and broad hips, just as the male's is characterized by broad and square shoulders, a not particularly small waist, and rather narrow hips. Lacing is no outrage on nature, but is a decided improvement upon nature as nature comes to us in this nineteenth century. That female health is today better and her life is longer than at any former period we all know, and that the woman of fashion is more beautiful in face and form than any of her savage or "natural" sisters or ancestors are, we conceive, beyond peradventure.

WINDOW-SCREENS AND MALARIA.—In the LOUISVILLE MEDICAL NEWS of October 2d there appeared an extract from a communication upon this subject, published in the Michigan Med. News, from Dr. W. C. Maull, of Middletown, Ill. We recur to the subject in order to call the attention of such

of our readers as may possibly have failed to read Dr. Maull's important suggestion. Dr. Maull believes he has seen the efficacy of wire screens, such as are largely used on our prairies to keep out mosquitoes, house-flies, and sandflies (the sting or bite of the latter is more like a coal of fire dropped on the skin than any thing else, as we know from experience while grouse-shooting in Illinois) in excluding that omnipresent and almost omnipotent (for evil) and altogether mysterious miasm which produces intermittents and almost every thing else. He says very truly that since we know that a belt of timber often suffices to restrain the malarial poison, and that Sir Humphrey Davy's safety-lamp enables the miner to go with safety amid the inflammable gases of the mines, it is not irrational to hope that fine wire screens may protect dwellers in malarial regions from the nocturnal and hydra-headed monster. Messrs. Fitch & Lindsay, of this city, make these screens.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

The Death of Dr. Delpech—His Career—Its Moral—The Position of Consultants—Relations of the Professional Seniors to their Juniors—A Suggestion for Reform on both Sides of the Atlantic—A View of the Career of Gull, Paget, Reynolds, etc.—Why should not Doctors "take Silk?"

To the Editors of the Louisville Medical News:

The news is published this week of the death of Dr. Delpech. Prof. Delpech was a surgeon of considerable reputation, but one which has probably not extended throughout the profession wide enough and deeply enough to have produced its impression in your part of the world. His life and death, however, are not without an interest and a moral, and serve to illustrate some phases of professional life in Europe which are hardly sufficiently considered. He was surgeon of the hospital Necker, active, intelligent, well informed, eloquent beyond the usual eloquence even of an accomplished Frenchman, and highly successful in practice and in the affairs of life. He has died suddenly of apoplexy, at the age of sixty, when out

shooting. Those who remember him as I do—a vigorous, able, hearty man—must reflect that he has died before his time, and probably, in a physiological sense, by his own hand. His death is what the world calls natural, though premature. Looked at from another point of view, it is unnatural, and, in a sense which may be applied to a large number of unnatural, because premature, deaths, suicidal. He was one of those men who looked, and probably was, born to live a century. He was gifted with powers which would have enabled him to do original work and to have left his mark on the sands of time. As it is, his life-labors have been cut short and his footsteps are effaced. His name and his memory probably hardly find an echo among his contemporaries outside of the Parisian circle in which he was known. I could name a dozen other men at this moment in each of the great capitals of Europe who might take this lesson to heart, if indeed it be not too late; certainly men of whom the same might be said. The secret of the kind of success which he achieved, and of the larger success which he failed to achieve, is to be found in that too common habit of men of ability, energy, and strong constitution of seeking fame, occupation, notoriety, and a field for exertion every where instead of in one place only, forgetting the physiological laws which govern the activity and durability of the intellect and of the physiological constitution. Not content with his work as a hospital surgeon, and with a fatiguing practice which it had brought him in the world, he threw himself in succession into the debates of the Academy, into the struggles of the Municipal Council of Paris, into the labors of the Consultative Committee of Hygiene. He was a sportsman, a man of the world, a surgeon, a politician, an orator, a hygienist. He was at once too much and too little, and so before sixty he had worn out the tissues to which he gave too little rest, and he began to undergo those degenerative changes which he might have postponed for twenty years by a more wisely-reasoned course of life, by imposing a stricter limit upon seductive sympathies for varied forms of activity, and by restraining the love of notoriety. How many fine intellects and well-knit frames are subjected to the same destructive ordeal by eminent members of our profession! At this day how many medical men does one see in all the capitals who do not learn to concentrate their energies, to economize their faculties, to fix for them-

selves their line of work, and to aim at adding some new facts, new principles, new observations, new elements of progress to the world's knowledge in that department in which they are masters, but diffuse themselves over all the subjects of the day, and aim at being encyclopedic, ubiquitous, and forever present in the public eye and dining at the public ear.

Looking around at the present moment at our leading London physicians and surgeons—for of them only will I speak, leaving it to American readers to apply the moral to transatlantic types—what are the traces which a Jenner, a Gull, a Watson, a Paget, or a Quain will leave on the marble stones which build up the temple of medicine? Absorbed in a multifarious work that comes to them from all sides, rejecting nothing which can lead them to fortune and to fame, willing to appear wherever the finger of public clamor beckons, deserting their hospitals in the prime of life, ceasing to teach at the very period when their ripest knowledge makes them most valuable as teachers, they will be remembered only for a few years by those who have come under their personal influence, and they will have left little or nothing to be added to the useful knowledge of future times. They are wearing themselves out in the race for fortune. Their baronetcies, their clients, the fashionable, the literary, and the scientific circles which claim them for amusement, for show, and for adulation, rob them of the single-minded purpose with which a Hunter or a Faraday pursued the work which is indestructible by time.

I have been pondering over these things lately in coming away from that gathering at Cambridge, where the British Medical Association had collected the flower of British medicine and surgery, and where some of the greatest names of the United Kingdom shone upon the rolls on which the University inscribed the names of the most famous of contemporary physicians. Who among them will have left any thing which posterity will care to remember? A few of the men—Lister, Spencer Wells, Michael Foster, and, among foreigners, Ranvier and Brown-Séquard. Jenner, too, in the one achievement of his life, to which he was so fortunate as to be led in his early career—the distinction of typhoid fever. These men will be remembered, for they have devoted themselves with single-minded purpose to the accumulation of facts in some one direction. How largely have nearly all the others sac-

rificed for temporary attractions powers that were capable of permanent conquests! How largely they have shortened their lives and wasted their capacities and lowered their intellectual gifts to the pursuit of glittering reputations and the accumulation of money-bags with which to endow hereditary titles!

There are many anomalies in what is called consulting-practices of this country, and which exist in the same degree, I imagine, in consulting-practices in America. We have no true consultants here. It would not be possible, as far as I know, at the present moment to name any man who is not as much a family practitioner, at the call of the first patient who chooses to summon him, as he is the consultant at the behest of a medical brother. The guinea-fee is universal, and the result is that our most highly-reputed physicians accumulate their fortunes by the number rather than the importance of their cases and their fees.

The remedy which I see as most probable, and which I think most urgent in all countries, is the adoption by the medical profession of legal precedents and the establishment of a class of consultants, properly so called, corresponding to what we know here as Queen's Counsel; men who by their consent, and by the act of the head of their profession, have taken "silk;" that is, wear silk instead of "stuff" gowns in court, as the outward and visible sign of their professional rank. They are from that moment precluded from taking any case, except one of sufficient importance to have engaged the previous and simultaneous services of a solicitor and a junior barrister or "stuff-gown man," whose care it is to draw the pleadings, prepare the case, and to act with their senior and "leader." The Q. C. can not appear except with a "junior," and his brief must be "marked" before he looks at it, with a fee, which is known beforehand and which is never for any consultation less than five guineas. By a corresponding arrangement their services would become really consultants; their time would be amply paid by a smaller number of fees; they would not waste their experience, matured skill, and lessened energies in trivial cases; they would hold a proportionately dignified and useful position; they would have more time for teaching, writing, and hospital-work; they would not compete, as they do now, cruelly with young practitioners struggling for a crust but bound to charge the guinea-fee. Who will begin such a reform, and upon which side of the Atlantic shall it be initi-

ated? With your freer institutions, less rigidly modeled rules, less severely imposed traditions, there is perhaps most room for hope of early reform in your great cities. Here we see men like Jenner, Gull, Henry Thompson, Wilson, Fox, Paget, Reynolds, retiring in the early prime of life from their important positions as teachers, investigators, and hospital physicians because they must guard the guinea well from morning till night. They lose their position in science; they are no longer the advance-guard of progress; they have no time to study questions either of science or of medical polity; they boast of going little into society, of seeing patients from eight in the morning till eight at night, of rarely seeing even their children. They are the slaves of every one who comes with a guinea in his hand. They become disgusted with the bondage to which they serve their whole lives; and they rarely bring up their children to a profession which they have found (and have made) so toilsome to themselves and so little dignified in the world. This is the state of things in the Old World. Can you do nothing to redress the balance in the New?

Reviews.

Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat, and Ears. Part I. By THOS. F. RUMBOLD, M.D., St. Louis, Mo. Geo. O. Rumbold & Co., 1880.

This is the best book we have seen from a specialist for a long time. The author is evidently a man of common sense, whose mind has not been warped and contracted by special study and practice. In this he is peculiar. The following brief but comprehensive and supremely judicious advice on diet is worthy of the highest commendation:

A good, nourishing diet consisting of food *known to the patient* to be especially easy of digestion is advisable. In all long-standing cases in which the disease is complicated with dyspepsia, the patients have learned that with respect to eat and drink *their stomach has a law of its own*, which experience has decided time and again can not be disobeyed with impunity.

The doctors—and their name is legion—who prescribe for their patients the food which agrees with their own stomachs, and proscribe to their patients those articles which their own stomachs object to, should read and remember this advice of Dr. Rumbold.

“Children,” the author says, “that are afflicted with catarrh, whose complexion is pale and whose mucous membrane is in a relaxed condition, should eat plentifully of animal food.” Now this is excellent advice provided the child likes animal food; but if animal food be disgusting to him, then not only is it not beneficial to force it upon him, but it is positively injurious. Fowls are successfully fattened by cramming dough into their crops *volens nolens*, but the human stomach rebels against such treatment.

“Candies, cakes, and pastry should be prohibited,” says Dr. Rumbold, and in this advice he is sustained by popular prejudice and the common voice of the profession. On this point experience has convinced us that Dr. Rumbold is utterly, totally wrong. The natural appetite is seldom a false guide in diet either in sick adults or children. If they have no appetite, iron, strychnia, bitter tonics, sunlight, and fresh air should be given freely. If they have indigestion, lactopeptin, pepsin, etc. should be given. A craving for dirt, chalk, paper, and a desire for vast quantities of pickles are abnormal appetites, and are cured by iron. The craving for candies, cakes, and pastries, as well as for fruits, are natural, physiological appetites, and should be gratified. If such appetite is excessive and excludes totally meat diet, then the ferruginous and bitter tonics and sun and air, and not deprivation of one class of food and compulsion of the other, are the proper measures for the welfare of the patients.

Oil externally Dr. Rumbold has immense faith in for children thin in flesh and dry-skinned. He has seen a child two years old increase in weight an ounce a day for eight weeks under assiduous inunction, its stomach having for some time previously rejected oils and most other food when swallowed. Further, he says that “in the internal as in the external use of oil increase of weight obtained is often greater than the mere weight of the oil introduced into the system.”

Inunction was recommended by Hippocrates. Sir James Simpson published in 1853 in the Edinburgh Monthly Journal of Medical Science the results of his investigations on the external use of oil, in which he called attention to the custom of poor parents in Scotland of putting their delicate children to work in the woolen mills, and that by working in the grease employed in these factories the children grew strong and healthy.

A few years ago Dr. Weir Mitchell published a most valuable little book entitled *Fat and Blood and How to Make Them*, in which he reported wonderful results accomplished by inunction and massage. And many others have written on the subject of inunction, and yet by the mass of practitioners this most important therapeutic measure is almost wholly neglected, and some even deny the power of the skin to absorb oils. Our own experience with oleaginous inunction prepares us to believe almost any thing that may be claimed for this treatment, and indeed in the treatment of delicate children we commend oil as Colonel Sellers does his eye-water, which he says "should be used externally, internally, and eternally."

Tobacco Dr. Rumbold holds to be a depressor of nervous energy, injurious to digestion, and particularly harmful in diseased conditions of the mouth, throat, nose, ears, and he might have added, of the face and eyes also. But it is a great luxury and great comfort, and verily Bulwer speaks truly when he says, "He who doth not smoke hath either known no great grief or else denies himself the softest consolation known to man save that which comes from heaven."

The hygiene of catarrh is a most useful book, and we shall look with pleasure for the issue of Part II, which will be devoted to therapeutic and operative measures.

Pharmaceutical.

SCHEFFELIN'S SOLUBLE-COATED PILLS.—Nothing more excellent, elegant, and admirable in the way of medicine has ever been offered to the profession than the wares of this well-known firm. We have given their soluble-coated pills a thorough trial, and we are free to say that we have never seen any thing superior to them. Their hand-case of assorted medicines—the physician of course may make his own selection of contents—is a most useful affair for night-work and emergencies. The one in our possession has proved a most convenient companion.

JOHNSTON'S FLUID BEEF.—This substance—containing it is claimed with the extractive matter of the beef the entire nitrogenous elements in a form ready for assimilation, and not a mere stimulant, as are many of the so-called essences and extracts of beef—has no superior, and in this region is preferred to all other preparations of its class.

MALTINE WITH PEPSIN AND PANCREATINE; MALTINE WITH PEPTONES; AND MALTINE WINE.—These delightful and efficacious remedies, prepared by Reid & Carnrick, are invaluable in the slow convalescence of typhoid and other continued fevers, in the debility following the puerperal state, and for persons broken down by intemperance in work or alcohol, or by chronic malarial poisoning.

LACTOPEPTINE.—This substance, made by the New York Pharmaceutical Association, can not be too often or too highly commended. No physician who has tried it fairly in practice or who has taken it in a severe paroxysm of dyspepsia will ever be without it. It is a certainty.

Miscellany.

THE CLASSIFICATION AND NOMENCLATURE OF DISEASES.—A. Rabagliati, M.A., M.D., before the British Medical Association:

Dr. Rabagliati said the subject seemed to be in a rather confused state. Many objections might be taken to the official classification of diseases: 1. It did not proceed upon a thorough-going plan or principle. 2. It contained cross divisions. 3. It was not inclusive or comprehensive of all diseases. 4. It was not natural; by bringing together diseases of certain organs it brought into existence rather an arbitrary classification than one distinguishing the essential nature of disease. 5. It was deficient in definitions, and actually gave no characters by which fever could be distinguished from inflammation. 6. It constantly named symptoms instead of diseases—e. g. deafness, impaired vision, etc.—without attempting to discover the cause of symptoms. Other classifications were equally faulty. The division of diseases into medical and surgical was convenient in practice, but impossible to maintain in a logical or scientific classification. Neither was the division of diseases into *acute* and *chronic* a logical one. There was no agreement among medical writers as to the meaning in which these terms were to be taken: Hippocrates letting the acute diseases extend, in one passage, as far even as the sixtieth day; while, in another, he seemed to fix the limit at fourteen days. Galen was in doubt whether they lasted longer than twenty days; but, if they lasted twenty-two, he called them *extended*. The

views of Asclepiades, the reputed author of the division, were entirely theoretical. Sydenham said the acute diseases moved to their termination *quickly* and *impetuously*. The chronic diseases came *slowly* to their termination, or not at all. Celsus wrote much to the same purpose. There was a logical objection underlying all these references to the terms acute and chronic, which was that they were not logical appositives. Acute referred to intensity; chronic to duration. The author proposed to distinguish diseases of short duration as brachychronic or oligochronic, and to say they were those which did not last more than twenty-eight days. They would then be distinguished from chronic diseases, which lasted longer than twenty-eight days. As regarded intensity, several terms were already in use, and it only remained to define them. Thus, *mild* diseases (mitis, Latin; *πρᾶος*, Greek), it was proposed to define as those in which the temperature did not rise higher than 100° F. In *subacute* diseases, the temperature ranged from 100° F. to 102.5° F.; and when the temperature rose above this point the affection might be said to be *acute*. The temperature was fixed on as affording the character of these divisions, because heat-production seemed to be the link through which, more and more, vital phenomena were being brought under the law of the conservation of energy. Disease was defined as any and every departure from health. Health could not be defined, but must be described something after this fashion: temperature not above 99° F., nor under 98° F.; respirations from 14 to 20; pulsations from 60 to 90, and soft, rhythmic, regular; and so on. Disease, then, formed a subkingdom in the kingdom of conditions; the other subkingdom being that of health.

The next step in classifying diseases must be etiological. To state the difference between typhus fever, e. g. and pneumonia, it was necessary to refer to causes; for there occasionally occurred cases not distinguishable otherwise. Typhus was often complicated with pneumonia and sometimes had no rash; while in pneumonia there might be mottling of the skin; but pneumonia was caused, like the inflammations proper, by exposure to cold or damp, while typhus was due to organic matter in a state of change. This was the next step in classification; and hence it was said that diseases were caused by inorganic matter, on the one hand (moving air, water, etc.), or by or-

ganic matter on the other. When inorganic matter acted (*quâ* heat-abstracting) it caused simple inflammations, when it acted with momentum (*quâ* moving) it caused injuries or traumatic inflammations, and when it acted simply as a foreign body it caused irritative inflammations. For those conditions the termination *itis* was proposed to be retained. The cause might act from within or from without, and this difference gave the class of the disease. The genus was determined by the part affected; e. g. pleuritis, cerebritis, etc. Species would be acute, subacute, or mild, chronic or brachychronic, according to the definitions already given of these terms. The variety would be determined by facts in the history of the affection—such as the occurrence of suppuration and its nature—according to the heredity, diathesis, or constitution of the patient. Definitions of these terms were given. Organic matter, as a cause of disease, might have higher or lower specialization. In its highest form it was an actual germ, capable of inducing a parasitic disease (*νοσὸς παρασιτική*). If not so highly differentiated, the cause produced a fever proper—such as typhus or smallpox; and, when still lower in its differentiation, the cause induced a specific inflammation (*νοσὸς καταζωρωτική*). Probably typhoid fever should be looked on as a specific inflammation rather than as a fever; and the time might come when the profession would consider the difference between the fevers and the specific inflammations as insufficient to determine a difference of order. Pregnancy would be the vanishing-point of disease on this line. Here the highest germ was introduced into the economy, and reproduced the highest form of life; but the whole process need not constitute disease. Most probably all these processes, due to the introduction of changing organic matter, would in time become amenable to treatment by some method analogous to that which had proved so useful in smallpox. According to the mode of action of the organic cause, classes of disease were determined. Those conditions named were due to organic matter finding its way into the economy from without. Such a condition as gout was due to organic matter acting from within. Acute rheumatism (for which term a definition was urgently needed) should probably be classed rather among the inflammations than the fevers, since it was generally due to cold; but the chalk-stone rheumatic affection seemed to belong to the affections due to

organic matter acting from within. The diseases were very different from one another, though both called rheumatism.

Diseases due to anxiety (very numerous at present) seemed to demand a place for themselves. It was doubtful if cancer did. The author suggested that cancer was, like injury, a depresso-congestive condition, in which the primary depression lasted for a very long time, and the subsequent hyperemic tissue-forming stage lasted a very long time also. Cancer, in fact, was very often what might be called chronic injury, with mild symptoms at first, becoming later subacute, or even acute. Scrofulosis and tuberculosis seemed to be best classified here also. Tumor the author did not consider a true genus. Increased tissue-formation was the secondary stage of almost all diseases; and the conditions called tumor were, logically, accidental formations, and not the essence of the disease. The true place for the classification of cancer, the author suggested, was as a *variety* of the depresso-congestive process termed inflammation, injury, etc.

The author objected to terms such as paralysis, neuralgia, neurosis, and the like, as names of diseases. They were names of symptoms whose cause was to be investigated. Such a name as hyperemic neuralgia, or spanemic neuralgia, of such and such a nerve, would be descriptive; but names like paresis were no more names of diseases than dropsy or rapid breathing was. Spasm, tetanus, chorea, and also very many of the names of nervous disorders, were in the same category.

In conclusion, the author maintained that the suggested classification of diseases had a potential place for any new disease that may be discovered. The cause would determine the class and order; the part affected would determine the genus; while species and variety would be determined in accordance with the considerations already advanced. The classification proposed was on a thorough-going plan. It contained no cross divisions. It was natural; bringing together diseases of like nature. It was inclusive; finding place for all. Lastly, when we heard a functional or symptomatic name, we raised the question whether the condition was understood.

SIR DOMINIC CORRIGAN.—This doctor's income during his best years in Dublin exceeded thirty thousand dollars yearly, a six-weeks' holiday and evenings spent at Dalkey notwithstanding.

WHAT IS MAN?—Some opine that his ancestors were apes of comparatively recent date; others make him out to have developed from a prehistoric lump of marine jelly. In this uncertain state of affairs it is satisfactory to have every doubt cleared up, for good and all, by Prof. Chas. Deesy, of Fuenfkirchen, who is in a position to assure the world at large that men are derived from frogs, and will at some future period return to their original batrachian condition. "At the beginning of all terrestrial things," says the learned professor, "a frog-like mammal ruled the waves. It could live in the air as well as in the water, but preferred the latter as a regular and permanent place of residence. This froggy beast is nowadays called man. He can not even now get on without salt, to the consumption of which he became accustomed when he was a simple frog; and the divisions between his fingers and toes, formerly filled up by the swimming apparatus his ancestors have retained, can not but carry conviction to every unprejudiced mind. Nothing is more absurd than to suppose that man is descended from monkeys. Just the contrary is the case. The modern monkey is a broken-down, degenerate man, and it is doubtful whether he has it in him to become a frog in the fullness of time, as will his robust human ancestor when the moon and earth shall come into contact. Then universal submersion will occur, and the frog-man-frog will become the heir to all the ages, to the full results of time."—*Boston Journal of Chemistry*.

DR. J. MARION SIMS has lately been decorated with the order of Leopold I by the King of Belgium. The decoration was offered him seventeen years ago, but the American minister refused to let him receive it because of the doctor's Southern sympathies.—*Medical Record*.

THE LATE MEETING OF THE AMERICAN DERMATOLOGICAL ASSOCIATION.—This meeting, which occurred at Newport, R. I., was attended by most of its members. The time of the meeting was spent in the consideration of dermatology, and none was given to entertainments and excursions. The following officers were elected: Dr. J. N. Hyde, of Chicago, president; Dr. E. Wigglesworth, of Boston, and Dr. C. Heitzmann, of New York, vice-presidents; Dr. A. Van Harlingen, of Philadelphia, secretary; Dr. J. E. Atkinson, of Baltimore, treasurer.

NATURAL GLASS.—Another marvel lately brought to light in the Yellowstone Park of North America is nothing less than a mountain of obsidian or volcanic glass. Near the foot of the Beaver Lake a band of explorers came upon this remarkable mountain, which rises in columnar cliffs and rounded bosses to many hundreds of feet in altitude from the margin of the lake. As it was desirable to pass that way, the party had to cut a road through the steep glassy barricade. This they effected by making huge fires on the glass to thoroughly heat and expand it, and then dashing the cold water of the lake against the heated surface to suddenly cool and break it up. Large fragments were in this way detached from the solid side of the mountain, then broken up small by sledge-hammers and picks, not, however, without severe lacerations of the hands and faces of the men from flying splinters. In the Grand Cañon of the Gibson River the explorers also found precipices of yellow, black, and banded obsidian hundreds of feet high. The natural glass of these localities has from time immemorial been dressed by the Indians to tip their spears and arrows.—*Boston Jour. of Chem.*

HEATING RAILWAY CARS.—A novel method of heating railway cars has, it is said, been tried with success on the Paris and Marseilles Railway. It consists in the use of acetate of soda in the "warmers," taking advantage of the chemical phenomena which are exhibited by that substance when heated. It appears that the acetate of soda when desolving absorbs a large quantity of heat, which is given out as the salt crystallizes in the cooling solution. A "warmer" filled with the solution and heated to 212° F. takes from twelve to fifteen hours to cool, and then only requires to be placed in a stove to reabsorb a large quantity of heat, which it will give out again as it cools. As the "warmers" when once filled will be practically everlasting, and as acetate of soda is comparatively cheap, it is probable that the invention will be taken advantage of in this country.—*Druggists Circular.*

FASTING AS A PECUNIARY SPECULATION.—The Barnum show initiated by Dr. Tanner is likely to have a good many imitators when it becomes known that to notoriety is added the "almighty dollar" sufficient to keep its wily performer in affluence for the remainder of his natural life (Med. Press and Circular). According to the calculations of the

New York journals to hand, Dr. Tanner received altogether the sum of \$137,640 for his forty-days' fast, or upward of £27,530. This is at the rate of \$3,441, or £680, per day. This remuneration for forty days' gripes and grimaces is stated to have been made up from the following sources: The doctor's own bets, \$5,000; through a betting agency, \$12,223; sale of photographs, \$1,500; payments for admission to the house, \$78,915; from various manufacturers for the doctor's signature to their commodities, \$11,102; a gift from the University, \$3,000; a present from the state of Ohio, \$5,000; and from the firm of Liebig & Co., \$20,000. We hope the world is now satisfied with this gigantic swindle, and will hear with becoming equanimity of the doctor's quiet chuckles at his good fortune.

BLACKMAILING AGAIN.—Geo. P. Rowell & Co.'s American Newspaper Directory. This extensive work of compilation has been received. It is a marvel of systematic work, but, perhaps unavoidably, it has a great many errors. Some of them, however, are inexcusable. For instance, in our own case, the circulation of the *Obstetric Gazette* is put down as "under five hundred." Rowell & Co. were duly notified one year ago, at their request, that the regular circulation of the *Gazette* was three times that amount; but then, you see, we neglected to advertise with the Rowells.—*Obstetric Gazette.*

PINE-WOOL CLOTHING.—Throughout Germany and France a considerable reputation has been achieved by the product of pine-wool fabrics of Remda, in Thüringen (British Medical Journal). The jerseys, drawers, and under-clothing made of this product are woven into warm aromatic nether garments, which are much worn as under-clothing, and which have a considerable reputation for use as preventives of rheumatic affections, and for protecting the body against sudden changes of temperature in inclement weather. We are not aware of any English experience of them, but they are now being introduced and claim attention in any case as warm, well-made, and comfortable woolen under-clothing, particularly well adapted for wear during the colder seasons of this climate.

BROMIDE OF POTASSIUM.—The firm of Gehe & Co., Leipzig, sold in 1855 three and one half pounds bromide of potassium, and in 1879 twenty-one thousand pounds.

XYLOTHERAPY.—At a recent meeting of the Société de Thérapeutique M. Dujardin Beaumetz read for M. Jourdanis a note on the esthesiogenic properties of certain woods applied to the skin, which he calls xylotherapy (*La France Médicale*). M. Jourdanis has applied plates of wood to the insensible skin, and as with plates of metal, magnets, sinapisms, and blisters, has obtained a return of sensibility (Med. Press and Circular). The applications of wood seem to be more active than the other means. All woods do not act with equal intensity, and with regard to their efficacy may be classified in the following order: Cinchona bark, thuja, rosewood, mahogany, pitch pine, walnut, maple, apple. Poplar, ash, and plane produce no effect. Return of sensibility is accompanied by congestion of the skin. We can not suppose these phenomena to be caused by electric currents.

TO PRESERVE WOOD POSTS.—The decay of wood imbedded in the earth is difficult to guard against; but according to the Farmers' Gazette a simple precaution, costing neither money nor labor, will increase the durability of posts put in the ground by fifty per cent. This is simply by taking care that the wood is inverted, i. e. placed in the opposite direction to that in which it grew. Experiments have proved that oak posts put in the ground in the same position as that in which they grew, top upward, were rotten in twelve years, while their neighbors, cut from the same tree and placed top downward in the soil, showed no sign of decay for several years afterward. The theory is that the capillary tubes in the tree are so adjusted as to oppose the rising moisture when the wood is inverted.—*Druggists Circular*.

THE numerous friends of Dr. James H. Letcher, of Henderson, Ky., will be pleased to learn that on September 29th he was presented with a splendid solid gold medal by the Evansville (Ind.) Division Knights of Pythias, in recognition of professional services rendered the division while in Saint Louis. This is a well-merited tribute to a modest and accomplished physician in which the entire profession is honored.

A GRAPHIC DESCRIPTION.—The patient records that he awoke free from pain "but weak as a baby, and became a mere lay figure for the exhibition of chicken-broth, jelly, smelling salts, strong drinks, misplaced sympathy, arrowroot, and slippers."—*Land and Water*.

Selections.

Asthma as a Reflex Phenomenon.—Dr. J. W. Collins, of Colorado Springs, Col., reports, in the Rocky Mountain Medical Review of September, cases of cure of asthma by surgical operations on the uterus. He says:

Mrs. — came under my charge in June, 1879. I found her suffering the most intense asthma, long continued and rebellious to all known remedies. Eleven years previously she was married. At the age of twenty-three years, when six months pregnant with her first child, after a fatiguing walk, she developed some shortness and difficulty of breathing, with pelvic pain and pressure from the uterus. This was her first symptom of asthma. From that time on she was subject, after unusual exercise, to attacks of dyspnea of short duration and mild in character, until her confinement at full term, when she was delivered, by the aid of the forceps of a male child weighing ten pounds. She suffered an extensive laceration of the cervix and perineum, the latter extending through the sphincter vaginae and a portion of the sphincter ani. The laceration of the cervix was bilateral and extended to the vaginal insertion. She had a long and serious "getting up," and from the thirteenth day developed the most intense asthma. She slowly recovered, but from that time suffered with asthma, especially at the menstrual epochs, and after any and the slightest irritation of the pelvic organs, such as the sexual act, horseback or carriage riding, walking, etc. Within the next ten years she bore three other healthy, living children, at each confinement suffering a fresh laceration of the cervix, accompanied by serious hemorrhage and an increase of asthma, until at the time she came under my observation the attacks were almost continuous and uncontrollable. She had had local treatment for "ulceration of the cervix uteri" at home, in New York city, and in Colorado, in which latter state she spent the winter of 1878-9.

I found the uterine neck and body quite low, very much engorged, and tender to touch. The uterine neck nearly filled the circumference of the vagina, was dense and cicatricial to the touch, and seamed in several directions; one of the cicatricial seams involving the vaginal junction upon the left side; pressure upon the uterine neck would cause symptoms of asthma. Upon using the speculum (Sims's), the old laceration of the cervix was plainly visible, and the surface presented to the eye an outrolled, a partly eroded and partly cicatricial appearance, and the cervix was fully an inch and a half in diameter, the os occupying an angle to the left. She had a thick, tenacious uterine discharge. My diagnosis was that the asthma was intensified and rendered uncontrollable by reflex irritation of the great sympathetic through its cervical uterine branches. My prognosis was that she could be much benefited and her asthma probably cured or greatly modified by the performance of Emmet's well-known operation for laceration of the cervix uteri and restoration of the perineum, as during her attacks of asthma the coughing was so intense and distressing that she could not lie down, and the uterine neck and posterior wall of the vagina would protrude from the vulva, showing that the uterus had lost its natural support.

Medicines were of no use. She had exhausted

the whole range of remedies under the hands of the most skillful medical men. She informed me, however, that while in Colorado the preceding winter, and while under local treatment for the uterine ulceration she was almost free from asthma, except at the menstrual epochs, and then not so severely as in other localities.

I wrote to Dr. Emmet, describing the condition of the patient and asking his opinion as to the probable cause. He informed me that while he had never met a case that he thought due to that peculiar pathological condition, yet the reflex manifestations caused by it were so varied that he at once sustained me in diagnosis and strongly urged the operation. As the success of the operation depended upon its being performed in some climate where the patient would be comparatively free from asthma, it was decided that she should go to Manitou, Colorado, using some preparatory treatment.

On the 12th of September I performed the operation for the lacerated cervix, which consisted in taking out two V-shaped pieces, one on each side, down to the vaginal junction and including the greater portion of the dense cicatricial tissue, bringing the sides of the incisions together by eight interrupted silver sutures, four upon each side, as practiced by Dr. Emmet. There was but little loss of blood. The sutures were removed on the eighth day—union was complete throughout. What was quite remarkable just here was the fact that although the patient had up to the very day of the operation more or less asthma—sometimes quite severe—yet for two weeks after the operation and during the time of healing she had none. But soon after this, and subsequent to taking severe cold, consequent upon change of room, she did have quite a severe attack, and at intervals some attacks during the winter following.

On the 5th of April, 1880, I performed the operation for lacerated perineum, after Emmet, using six stout wire sutures. In four weeks the patient was out walking around, visiting, etc. She has had no asthma since the attack noticed above, and has regained her general health almost entirely, which had been lost for ten years. She is now living with her husband, rides, walks, and lives as other people, and has no symptom of the old enemy's presence. The prospects now are that she may return to her home in the following fall relieved if not entirely cured of the asthma.

Rectal Alimentation.—At the meeting of the French Association for the Advancement of Science, at Rheims, M. Catillon read a paper on Alimentation by the Rectum, in which he stated that he had fed two dogs during two months with injections of eggs (British Med. Journal). The first, which had eggs only, lived with difficulty, with considerable loss of weight; the other, in which the injected eggs were mixed with glycerin and pepsin, lived in an apparently normal manner, weight and temperature being constant. After thirty-seven days, the pepsin having been stopped, the animal lost weight, and the temperature fell from 102° F. to 99° F. It is therefore apparent that in order that nutrition should be properly performed by the intestine, digestive ferments must be associated with the food; that is to say, they must be transformed into peptones. In another series of experiments M. Catillon demonstrated that the same result is attained with peptones prepared artificially. He found that with a regular daily alimentation composed of 300 grams of meat, 350 grams of bread,

300 grams of potatoes, he excreted an amount of urea varying from 25.40 grams to 24.50 grams, his weight being 71 kilograms and 900 grams (about 160 pounds). During three days he completely abstained from meat, the urea then falling to 15.60 grams, and his weight to 71.4 kilograms. During the next week he replaced meat by peptones of meat; the urea rose to 30.95 grams, and weight 72.3 kilograms. During the four days he took enemata of peptones the weight remained constant, and the urea was in proportion to the peptone. Finally he went on low diet, without peptone or meat, and the urea fell to 15 grams, and the weight to 71.8 kilograms. For the sustaining ration there is required 160 grams of saturated solution of peptone, making 19° by Baum's areometer and representing three times its weight of meat. For an alimentary enema the formula is: peptone of meat (saturated solution at 19°), 40 grams; water, 125 grams; laudanum, three or four drops; bicarbonate of soda, 30 centigrams.

Beri-Beri.—By Galdino Cicero de Magalhaes, M.D., Surgeon Brazilian Navy. Condensed from the Pacific Med. and Surg. Journal:

Beri-beri is a constitutional disease of an infectious nature, whose etiology is unknown; assuming a mixed condition of paralysis and edema, characterized by dyspnea, disorder of the organs of digestion, of respiration, of circulation, and principally of the nervous system. The disease properly belongs to the tropical regions, where it prevails endemically or epidemically. In its attacks it is either acute or chronic, mild or malignant.

First period, or invasion of the disease. The patient becomes listless and in a condition which he is not able to define; he feels a want of energy and inability from weakness to do any work; the gastric functions are torpid, and there is a feeling of fullness in the stomach and a want of appetite. The weakness is accompanied with drowsiness and torpor, principally in the lower extremities, which soon become painful. It will be noticed about this time that there will be some swelling about the ankles and sometimes the hands and feet.

Second period—Apogee or acme of the disease. The general weakness increases, and the pains extend and become more severe in the upper and lower extremities, anesthesia and debility increase; edema of the muscles occurs, with pain, particularly in those of the calf of the leg, while the skin of those parts is insensible; vomiting commences, and the food causes oppression in the stomach. The patient feels a strong constriction around the pelvis, which little by little ascends to the thorax, producing great inconvenience. This symptom is known as the "beri-beri cincture" or girdle. There is dyspnea, more or less intense, approaching at times to orthopnea; the edema of the extremities is hard and elastic, and by degrees invades the whole body. The patient gradually loses the power of moving; the sight diminishes; insomnia and hypochondria add to his sufferings; the patient is impotent and incapable of having an erection; the voice becomes hoarse and the utterances almost unintelligible; the pulse diminishes gradually in force.

Third period or termination. When the termination is favorable the symptoms decrease till the complete reestablishment of health, and *vice versa*. In the first case the gastro-intestinal functions are the first to return to their normal condition; the appetite returns, the cerebral perturbations also gradually

cease; the nervous phenomena, such as numbness and want of sensibility, paralysis, etc. are the last to disappear. In the case of a fatal termination all the symptoms increase; the hoarseness becomes aphasia, the amblyopia amaurosis, and the paralysis becomes complete. Increased insomnia ensues with excruciating pains in the muscles, complicated with a horrible dyspnea that passes to orthopnea, the patient finally succumbing asphyxiated in consequence of the paralysis of the respiratory muscles. Serous congestions also affect the brain and medulla, aiding in causing death. Generally the patient retains complete control of his mental faculties to the last moment.

All experts agree that of all the remedies and means used there is not any so valuable as perfect hygiene, change of air, good surroundings of the locality selected, substantial and easily-digested food; and especially is it necessary to leave the place where the disease was contracted.

On the Diagnosis and Treatment of Ruptured Bladder.—Mr. Christopher Heath contributes a very interesting paper in the Transactions of the London Medico-Chirurgical Society (Keen's review in Hays's Journal of the Medical Sciences):

The patient had been thrown down on his back by a companion, whose elbow hit him "in the stomach." He was sent to the hospital over twenty-four hours later by a doctor who had drawn a few ounces of bloody urine, with a diagnosis of hematuria and retention. Mr. Heath diagnosed ruptured bladder, and calls attention to the influence of the respiratory movements on micturition, an influence not visible when the bladder-walls are intact. Abdominal section was performed at once by the antiseptic method, but the carbolic spray gave out before the operation was ended. The rent in the bladder was sewed up by a continuous catgut suture. He did well until the fifth day after the accident, and died on the sixth. Local peritonitis about the abdominal wound for two inches, six ounces of blood in the recto-vesical pouch, peritonitis in the coils of the intestines over it, and a gaping of the lower part of the wound in the bladder were found at the post mortem.

Mr. Heath then discusses the various procedures proposed and the cases actually treated, both in England and the United States, including the methods of paracentesis, abdominal section (first proposed by Professor Gross), catheterism both of the bladder and peritoneal cavity, lateral lithotomy (first suggested by Dr. Stephen Smith), and tapping the recto-vesical pouch. Four recoveries are cited; two by catheterism, one by abdominal section, and one by lateral lithotomy. The difficulty of sewing up the bladder—especially if the rent be posterior, as it is apt to be—is very great indeed, even with many and trained assistants; and as abdominal section has little, if any, advantage over paracentesis in evacuating the fluid, and is less effective in drainage than tapping the recto-vesical pouch, he rightly rejects it.

His conclusion not only commends itself to common sense, but the method he urges is also simple and convenient, and can be done by every practitioner (a point of no small importance), viz. that cases of ruptured bladder should be treated, so far as operation goes, by catheterism and washing out both of the bladder and the peritoneal cavity, reserving lateral lithotomy for the cases in which the catheter can not be introduced through the rent into the abdominal cavity. If the practice needed any reinforcement,

it may well be found in the remarkable success recently reported by Keith in ovariectomy (ninety-seven per cent), due largely, if not chiefly, to the fact that he *thoroughly* cleanses the peritoneal cavity, as well as to the use of the antiseptic method.

Use of olive oil in large doses for softening and causing the easy expulsion of biliary calculi is recommended by Roderick Kennedy, M.D., of Queen's College, Kingston, Canada, in the Lancet of September 18th. He says of it:

A medicine readily available, and having the power of softening and expelling biliary calculi, it will be admitted has hitherto been a *desideratum*. Such a medicine I have during the past year used in a variety of cases, and always with complete success. In every instance in which the calculi were proved or presumed to have been the cause of periodic suffering these bodies were promptly and painlessly expelled in larger or smaller numbers by the use of *large* doses of olive oil. In some instances lately, where the patients did not exhibit symptoms of such acute suffering as are more commonly witnessed, but where obstruction to proper flow of bile was evident, I had recourse to this remedy, and in these cases also have been rewarded with similar surprising and satisfactory results.

I order six ounces of the oil to be taken at bedtime, to be followed in the morning by a full dose of castor oil, and repeat as may be required.

Another fact I have noticed is, that although the administration of the oil at intervals of a few weeks or months does prevent the re-formation of the concretion for the time, yet the resort to the oil alone does not alter the causes or diathesis upon which the formation of these bodies depends.

Salicylic Silk.—Messrs. Harvey and Reynolds, of Leeds, have introduced a useful novelty in salicylic silk, containing ten per cent of pure salicylic acid. It is used by Mr. A. F. McGill, Lecturer on Pathology at the Leeds School of Medicine, and consists of silk waste, forming a very delicate and beautiful surgical dressing. It is recommended as an antiseptic surgical dressing in place of carbolic gauze. It is alleged to possess the following advantages: 1. The number of dressings required is much diminished; 2. As a consequence early union of the wound is more frequent; 3. It is economical; 4. It retains its antiseptic properties for an indefinite period. The price is five shillings per pound.—*Brit. Med. Jour.*

Vaccinating Eczematous Children.—Dr. J. C. Murray writes to the British Medical Journal of September 18th: It is, or ought to be, known to all obstetricians that vaccination is a cure for infantile eczema. I do not remember having seen this mentioned before, and if Dr. Drury is the first to put it on record he deserves credit for now doing so. But most medical men of middle age have found for themselves the value of vaccination in eczema. I remember that thirteen years ago a near relation of mine had a boy with eczema capitis, which defied ordinary means. Soon after the usual time for being vaccinated was past I told the mother that vaccination might cure it. I had no doubt observed good results from vaccination before, but the lasting impression was made then, which decided me to practice and recommend vaccination in eczema—the result, when observed, being cure.

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B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

NITROUS OXIDE.

We continue this week our notices of the several anesthetics. If we have drawn them out to unusual length, it was because there was no subject of more importance to the profession of medicine; and if we have based our remarks chiefly upon the presentation of the subject given by Dr. J. C. Reeve in Hays's Journal, it was because we believe the subject was never before put better than in his admirable reviews.

Following upon chloroform and ether in point of importance comes the nitrous oxide. It is the only other anesthetic, in fact, which has any thing like a history, and it is an admirable history. "Dr. Turnbull gives the statistics of the Colton Dental Association up to 1870 as 75,000 administrations, and those of the Drs. Thomas, of Philadelphia, up to 1879, as 58,400, making a total of 133,400, without a single death and with not more than three in a thousand exhibiting unpleasant symptoms afterward." We don't know exactly how trustworthy these statistics are. As the morals of trade go, a tooth-pulling stock company might throw in a few thousands more or less of safe results without exciting remark; but the probabilities are nevertheless that nitrous oxide is safe, very safe, for its purposes. Dr. Kappeler records only three fatal cases, and Turnbull four. We remember just now but a single death having been credited to this agent in Louisville—ten or eleven years ago. As to "unpleasant symptoms" not accom-

panying the use of the agent, it strikes us greatly as a matter of taste, so far as appearances go; for we may swear that one will see far more pleasant sights than a patient under nitrous oxide. The affair is quickly over, however, and we can fully indorse every word that Dr. Reeve says about it. "Especially adapted as is nitrous oxide for dental operations, and safe as it has been shown to be, *the administration of any other anesthetic by a dentist should be considered criminal.*"

It is only in pulling teeth, however, that nitrous oxide has a place. It would be admirably adapted for other brief operations—lancing of felons, abscesses, etc.; but its apparatus is cumbersome and costly; and while long and severe operations, such as ovariectomy, have been performed under its influence, it has not made its way into general surgery. A curious attempt to do this is noticed by Dr. Reeve in a second review on anesthesia in the October "Hays." It was made by a Parisian genius, Paul Bert. "Anesthesia by the method of Paul Bert is by nitrous oxide and compressed air." We quote:

The theory of M. Bert is that as the gas must be administered pure this signifies that its tension must equal that of the atmosphere, and that therefore if the pressure could be increased to two atmospheres a mixture of fifty per cent of the gas and air could be respired, anesthesia be produced, and the actions of the organism proceed normally. Experiment sustained the theory. Animals which were caused to respire a mixture of five sixths of protoxide of nitrogen and one sixth of oxygen under a pressure of one fifth of an atmosphere became rapidly profoundly anesthetized, and remained so any length of time without symptoms of asphyxia supervening. The blood kept its normal color, the heart continued beating with

regularity and with its usual force. "In a word, all the phenomena of vegetable life continued with regularity, while those of animal life were absolutely abolished." On restoring the animal to the air it recovered sensibility and consciousness almost immediately. . . .

The next step was to test M. Bert's method clinically. An apparatus was provided, a chamber in which an increase of atmospheric pressure could be effected, and an ingrown toe-nail removed by the eminent surgeon Labbé. Another eminent operator, no less an one than M. Péan, tested the new method, and he has performed a number of operations under it, some of them of severity and of considerable duration.

But here comes in the trouble about the apparatus. That for the nitrous oxide alone is cumbersome enough, and in addition provision must be made for the compressed air. The operating-room must be air-tight, provided with pneumatic pumps, etc. The apartment will vary in size and of course in expense, according as provision is made for surgeon and patient, or is to include assistants or even spectators. A sheet-iron amphitheater, of the proper pattern, seating three hundred, is gravely mentioned by the French authority, at a cost of thirty thousand francs. Dr. Reeve is of the opinion that it is only necessary to state the case, but we think he might have helped the man out with suggestions. It occurs to us that if the surgeon, with patient and staff, could perform in a glass case, admirably adapted for air-tight purposes, any number of spectators could look through without entailing such expense upon the hospital authorities. Only eighteen operations—sixteen of these, by the way, by no less a person than Péan—are the only clinical proofs given of the method of M. Paul Bert; and this number Dr. Reeve, of course, decides as contemptible.

But in spite of the almost comical presentation of Bert's method, there is more in it than would appear. We judge so at least by reports from other sources than through the dentist Rottenstein, whose book Dr. Reeve was reviewing. At any rate M. Bert, who really is a genius, is to be credited with novelty in this direction.

THE EQUINE EPIZÖOTIC.

The influenza at present prevalent among the horses of Louisville, which appeared here ten days ago, is neither so general nor so virulent as the great epidemic of 1873, when every horse in the city, so far as we could learn, was disabled, and many died of pneumonia, meningitis, hemorrhagic pemphigus, and other complications. In that epidemic violent and incessant cough, soon followed by profuse nasal discharge of pus and general and excessive muscular rheumatism, were the more usual symptoms. Then, as now, horses in pasture were less universally and severely affected than those in stable. In 1873 many cases came on with almost the rapidity of a blow, and might truly be called a *coup de froid*. The present attack is quite general, is nothing more than an inconvenient catarrh.

The present, like the former epizootic, had its beginning in the northern cities and traveled South and West. Having no information of its course except that gained from the daily papers, which is incomplete and of uncertain exactness, it is not worth recounting, except to state that about three weeks ago it was first talked of in the papers and was said to have originated in Connecticut. No doubt the government will soon furnish reliable information upon the subject.

The treatment for this epizootic is *nil*, according to Dr. Harthill, an accomplished veterinary surgeon of this city. He recommends, as he did in the epidemic of 1873, good ventilation, blanketing, rest, and all the nutritious and easily-digested food the animals will take.

A KENTUCKY subscriber sends us the handbill of a shameless creature practicing at Rocky Hill, which says he has three diplomas signed by the most eminent physicians and surgeons in Kentucky. It is of course very bad; but our hands are full in looking after general morals of the profession, and we can not undertake special police service.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

A Gynecological Warfare—The Vitalists and Mechanists—Henry Bennett—Pallen—Marion Sims—Grailey Hewitt—The Cervix always at fault—The Incisors and the Sutors.

Among the most lively discussions on hand just now here, as, I suppose, in most other centers of medical activity, is that among the obstetricians and gynecologists of the opposing vital and mechanical camps. The war broke out in the obstetric section at Cambridge, and a short engagement was fought with much vivacity; but the subsequent skirmishing in the outer fields, where the combatants bivouacked, was still more lively. The fire was opened by Dr. Henry Bennett, the veteran of many a well-fought field. Henry Bennett, as most people know, but as many are apt to forget, has rendered imperishable services to British gynecology—to the gynecological sections and practice, I may say, of all English-speaking people. Fresh from the hospitals of Paris, where he had achieved distinguished success as student, externe and interne, he brought to England the speculum—that mighty adjunct of inland hospitals to the alleviation of the sufferings of women. With it he also brought the preliminary knowledge and experience and the varied and well-grounded pathological and clinical knowledge necessary to enable him to gather the large crop which always lies ready for the sickle of those who are the first to use any new instrument of precision. The results of his labors are embodied in his classical plates and in "The Inflammation of the Uterus, its Cervix and Appendages, and the Connection of the Inflammatory Condition with other Diseases." Only the veterans of medicine remember the reception with which he met, and it was hysterically exciting to see him now fighting the battle of the inflammations against the young sempsters of the "mechanical school," as he had formerly to fight it against the discreet family physician who considered the speculum an indecent invention, borrowed from the cliniques abounding in French prostitutes and an obscure area, against which the mind of the Anglo-Saxon matron would revolt, choosing death rather than disgrace. Bennett thence was the denunciator of the neglect of chronic inflammatory conditions of the uterus, cervix, or body, as the source of various mor-

bid conditions of the periods of pregnancy, of child-birth, and its results. "How often a practitioner," said he, "is summoned to a patient who is passing through her third or fourth pregnancy perhaps, with more or less suffering. She has what is technically called a "laborious pregnancy." She is suffering from severe sickness, from more or less hemorrhage, from pseudo-"menstruation." After gravely hearing her woes he gravely decides that she is sick, because she is—out of health. The fact is that she has started on her nine-months' journey with a coach which is out of order. The wheels creak, the springs break, the machine discharges its passenger, not because of any constitutional defect in the road over which it travels, or in any other diathetic conditions, but because of a local injury or defect which was unnoticed at the first, which has become exaggerated as this little organ, of the size of a hen's egg, has dilated and grown to the size of a pudding-bag, containing a baby, a placenta, a pint of water, membranes, *et alia*. The source of mischief has not been discovered, according to Bennett, because it has not been looked for.

As stated in the earliest edition of his work on uterine inflammation, published in 1845, and in the subsequent editions published in 1848, 1852, and 1861, he drew attention to an important pathological fact; viz. that chronic inflammation of the cervix or body of the uterus had a powerful and frequent influence in the production of various morbid conditions of the pregnant, parturient, and puerperal periods. During pregnancy it often gave rise to laborious gestation, to obstinate sickness, to hemorrhage simulating menstruation or otherwise, to abortion, and to the formation of placental tumors or moles. At the time of parturition it often gave rise to rigidity of the cervix, erroneously interpreted by most writers, to lingering, painful labor, to hemorrhage during labor and after it, and to adherent placenta. During the puerperal period it often gave rise to metritis, to ovaritis, and abscess of the lateral ligaments, to prolonged sanguineous and purulent lochial discharge, to arrested involution, to subsequent displacement in various directions, to retarded menstruation, to a host of morbid local symptoms of various forms affecting the bladder, the rectum, the anus, and the pelvic viscera in general, and to numerous constitutional sympathetic symptoms more or less marked and severe. These clinical facts had been ascertained (1) by the sur-

gical examination of pregnant women up to the sixth or seventh month of pregnancy, whenever they presented the uterine symptoms referred to; (2) by the surgical examination of women six weeks or two months after delivery, as a rule, whenever they had presented any of these morbid conditions during pregnancy, during parturition, or during the puerperal condition.

Hereupon rose up Grailey Hewitt, who has what he calls convictions, and what his friends call "a craze," that the beginning and end of uterine disease, diagnosis and treatment, lies in malpositions of the uterus and their rectification by mechanical treatment. Bennett had made the very simple statement that if medical men had not a most groundless fear of examining pregnant women, to see what was the matter, they would, nine times out of ten, find local inflammations, fungoid granulations, and the like, which being treated their patients would cease to vomit, to bleed, and to abort.

Grailey Hewitt has a horror of the word inflammation, and ulceration is to him a non-existent condition which to mention excites him to great wrath. He indulged in comically plain speaking. To talk of inflammation of the cervix as a cause of uterine disturbance or disorder was, he said, to resort to a bygone and obsolete pathology. Inflammation was a word that ought to be expelled from uterine pathology, and (referring to his recent practices in the "mechanical treatment of uterine affections") he added that in the most recent and advanced treatises on the subject it would be found that it had been carefully eschewed, and no mention could be made of any thing so obsolete. Ulceration had been annihilated by searching criticism. "Pressure of a distorted uterus," complete with other mechanical conditions, was the main cause of vomiting in pregnancy.

These opinions, uttered with all the gushing earnestness which is, in Dr. Hewitt's delivery, characteristic of the combination of fanaticism and asthma, for which he is remarkable, caused much amusement; and when Dr. Grailey Hewitt went to speak of "fractional" treatment of the vomiting of pregnancy as the great panacea there was a general titter. Bennett retorted rather hotly, observing that those who purchased uterine handbooks from which the words inflammation and ulceration were so rigidly excluded would perhaps need to supplement them to others in which the existence of a mucous membrane was not denied to the

uterus, as the pathology of such a membrane ignored.

Subsequently Dr. Montrose Pallen, of New York, read a paper on the Etiology and Treatment of Lacerations of the Cervix Uteri, from which it seemed to follow that about twenty-five patients out of every hundred (two hundred out of nine hundred gynecological patients seen in six years in a New York clinic) suffered from laceration of the cervix uteri, which either interfered with the generative functions or produced more or less disease. These lacerations required to be sewn up; sometimes to be pared; but the right thing was to look for them after labor, and within a few days after labor to take the poor woman and sew up these unhappy lacerations. Dr. Marion Sims quite approved of this, but seemed rather doubtful whether it might not be possible to have too much of a good thing, and whether some "unnecessary" sewing up were not practiced at this moment in New York. He intimated indeed that he thought it was. This episode has created some alarm in the minds of the uninitiated who are not gynecologists. When Dr. Sims was first here he demonstrated to the satisfaction of a great many people, and indeed seemed almost to have established it as a canon in practice, that a great number of women are suffering from complaints which require that the cervix uteri shall be lacerated to the extent of complete division; and we were under the impression that, according to the well-established experience of Marion Sims and his school, about twenty to twenty-five per cent of the gynecological patients are required to have the cervix uteri divided in order to be restored to health. But if now we find that at least as many are suffering from complaints which require that cracks, cuts, and fissures of the cervix shall be shut up it seems as if the greater part of the energies of that most fearfully numerous, highly intelligent, and active class of practitioners who, either as specialists or as family doctors, have a claim to the title of gynecologists will in future be divided between splitting up the cervices of those women who yet possess them entire, or uniting with horsehair or silver wire those which are by nature cracked or fissured. The general moral would then be open to deduction that in respect to the uterus whatever is is wrong, and whatever is not ought to be brought about. Between the mechanists, the vitalists, the incisors, and the sutors of the womb, that long-suffering organ is likely to have any thing but a quiet time; and it

is perhaps hardly surprising that men like Henry Bennett, who are largely responsible for the introduction of this alarming instrument of precision should, at the close of a long and honorable career, adopt a conservative attitude, having some of his enthusiastic young friends to display less zeal and try a little more cool observation.

To the Editors of the Louisville Medical News:

We observe from the printed programme of the Tri-State Medical Society that Dr. J. P. Thomas, of Pembroke, Ky., is mentioned as *second vice-president*, when he was elected *first vice-president*. This correction should be made in justice to Dr. Thomas.

J. W. SINGLETON,
JOSEPH W. THOMPSON.

PADUCAH, KY., Oct. 16, 1880.

[The suggestion of Drs. Singleton and Thompson is cheerfully complied with.—
EDS. NEWS.]

Reviews.

A Practical Treatise on Tumors of the Mammary Gland; Embracing their Histology, Pathology, Diagnosis, and Treatment. By SAMUEL W. GROSS, A. M., M. D., Surgeon to and Lecturer on Clinical Surgery in the Jefferson Medical College Hospital, etc. Illustrated with twenty-nine engravings. New York: D. Appleton & Co. 1880. For sale by John P. Morton & Co. and Bradley & Gilbert, Louisville.

Dr. Gross has given to the profession, in his Treatise upon Tumors of the Mammary Gland, one of the most useful and original surgical works of the nineteenth century. It is but honest and just praise to say that in this treatise the author shows himself the intellectual peer of his great father, America's great surgeon.

Dr. Gross advocates the early and thorough extirpation by the knife of suspicious tumors, and a repetition of the operation as often as the malign growths may show themselves. He demonstrates the wisdom of his advice by voluminous favorable statistics. He is a disbeliever in the constitutional nature of carcinoma and also in heredity, except as the transmission of a tendency. He points out the dangers of psoriasis and eczema of the nipple as precursors of carcinoma. Of this degeneration we have no doubt, nor have we less doubt of the importance of constitutional treatment in malig-

nant and suspicious tumors. Arsenic, there is strong reason for believing, may cure cancer, and that the constructives do prolong life in malignant affections we are positively sure.

Dr. Gross's work comprises thirteen chapters. In these all the branches of his subject are carefully, thoroughly, and systematically treated.

The commendations by the journals of Dr. Gross's book are singularly unanimous. Not an American or foreign journal, in reviewing it, has failed to give it the highest praise. It is octavo, and contains two hundred and forty-six pages, with twenty-nine engravings. It costs two dollars and a half in cloth. Every surgeon should possess it, and those who wish a copy of the first edition should purchase soon.

Books and Pamphlets.

LITHOLOPAXY AND LITHOTOMY. A Report of Eight Cases of Removal of Stone from the Bladder by those Methods. By H. O. Walker, M.D., of Detroit, Professor of Anatomy and Genito-urinary Diseases in the Detroit Medical College. Read before the Society at Grand Rapids, May 13, 1880.

SOME PRACTICAL SUGGESTIONS IN THE TREATMENT OF DIPHTHERIA. By R. J. Nunn, M.D., Savannah, Ga., Professor of the Practice of Medicine in Savannah Medical College, President of Georgia Medical Society, etc. Reprint from the Independent Practitioner, September, 1880.

MEDICAL LIBRARY JOURNAL. Vol. I, No. 1. Boston, October, 1880. Terms: \$1.25 per annum; single copies, 10 cts.

The first number of this journal is a creditable production.

THE INDICATIONS FOR TREATMENT IN FRACTURES OF THE ELBOW. By Lewis S. Pilcher, M.D. Reprint from the Annals of the Anatomical and Surgical Society, Vol. II, No. 9.

An interesting contribution to surgical literature.

HERNIA IN CHILDREN: Based on a Study of Five Hundred Cases under personal observation. By Edward Swasey, M.D., of the Hospital for the Ruptured and Crippled, New York. Reprint from the American Journal of Obstetrics and Diseases of Women and Children, July, 1880.

This is a valuable brochure.

THE AMERICAN FARMER OF AMERICA. By Augustus Mongrideere, Author of Free Trade and English Commerce. Cassell, Petter, Galpin & Co. London, Paris, and New York.

This pamphlet is a document of no little practical interest to American agriculturists.

ON THE AFFECTIONS OF THE MIDDLE EAR DURING THE EARLY STAGES OF SYPHILIS. By F. R. Sturgis, M.D., Clinical Professor of Venereal Diseases in the Medical Department of the University of the City of New York, etc. Reprint from Boston Medical and Surgical Journal, June 3, 1880.

Every thing from this conscientious observer well repays perusal.

QUARTERLY EPITOME OF PRACTICAL MEDICINE AND SURGERY, BEING AN AMERICAN SUPPLEMENT TO BRAITHWAITE'S RETROSPECT. Part II, June, 1880. Terms: \$2.50 a year, in advance, postage prepaid; quarterly parts, 75 cts. New York: W. A. Townsend, publisher.

No doctor is too poor to find this journal a good investment at its price.

SCIENCE: A Weekly Record of Scientific Progress. Illustrated. Vol. I, No. 11, September 11, 1880. New York.

This publication promises well, but we have no patience with any journal issued with uncut leaves. Time is too valuable to be wasted in cutting journal-leaves.

THE FARMER'S MAGAZINE AND KENTUCKY LIVE STOCK MONTHLY. John Duncan, editor and publisher. Subscription-rates: One copy sent one year, postpaid, \$2; six months, \$1; three months, 50 cts.

The readers of the NEWS who are interested in agriculture will find this a valuable source of information. It is a plain, practical, common-sense publication.

IN MEMORIAM: FRANK HOWARD DAVIS, M.D. Died, at Chicago, Tuesday, August 17, 1880, aged thirty-two years, two months, and twelve days. Reprint from the Chicago Medical Journal and Examiner for September, 1880.

This is a handsome and worthy tribute to one of the purest, gentlest, and best of men, who in all the offices of life, private and public, did his whole duty faithfully, earnestly, and acceptably.

THE SPECIALIST AND INTELLIGENCER: A Monthly Journal of Medical Science, devoted specially to the publication of original and selected articles on diseases of the eye, ear, throat, and skin, venereal diseases, etc., including reports of societies, home and foreign news, and other information connected with these specialties, and to a complete record of medical literature, book-reviews, and criticisms. Edited by Chas. W. Dulles, M.D. Vol. I, No. 1. Philadelphia, October 1, 1880. The Specialist and Intelligencer is addressed to that class of medical practitioners, in the cities and in the country, who have not the opportunity or the time to cull for themselves what they can use of the information now accumulating in books and journals devoted to special departments of medicine. The Intelligencer has been merged into this journal, which will be sent the balance of the year to its subscribers. Presley Blakiston, publisher, 1012 Walnut Street, Philadelphia.

This, the latest-born medical journal, gives promise of great respectability.

A CONTRIBUTION TO A KNOWLEDGE OF FRACTURE OF THE RIM OF THE ACETABULUM, BASED ON THE REPORTS OF TWENTY-SEVEN CASES AND EXPERIMENTS ON THE CADAVER. By Nicholas Senn, M.D., of Milwaukee. Reprint from Transactions of the State Medical Society of Wisconsin.

This is an interesting and important pamphlet, and will be read by surgeons with profit.

ROCKY MOUNTAIN MEDICAL REVIEW: A Monthly Journal of Scientific Medicine and General Science. Edited by A. Wellington Adams, M.D.; Jas. A. Hart, M.D., assistant editor. Associate editors: W. H. Williams, M.D., Denver; Jacob Reed, M.D., Colorado Springs; F. J. Bancroft, M.D., Denver; B. P. Anderson, M.D., Colorado Springs. Vol. I, No. 1, September, 1880. Subscription: \$5 per annum, payable in advance; single copies, 50 cts.

The first issue of this journal has reached us, and gives promise of being a first-class publication. It is exceptionally well printed, is full of good matter, and deserves success. It is added to our exchange-list.

Miscellany.

A RATTLESNAKE BITE.—An extraordinary account of recovery from a rattlesnake bite has been published in Land and Water, by Dr. Arthur Stradling, of H. M. S. Elbe, who has apparently been making some experiments, no doubt well intended but most unwisely ordered, in the endeavor to discover an antidote. He had arranged for the snake—a small *Crotalus horridus* about eighteen inches long—to bite his right arm above the wrist, and he grasped the creature with his left hand protected by a thick leather glove (Lancet). The snake, however, managed to wriggle through his fingers and bit him on the back of the left forearm, leaving one of its fangs sticking in the wound. Putting it back in the box, he picked out the bit of fang with a pair of forceps and sat down to watch the result! This was at one o'clock in the morning. He had ligatures, ammonia, brandy, and nitric acid at hand in readiness; but the value of the caustic and ligature could not be great, since he waited for the symptoms of absorption before applying them. He went on waiting for four hours, until 5 A.M. Then he noticed that the lymphatics higher up the arm were swollen and inflamed, and almost at the same moment he became aware of light-headedness, and of a burning sensation traversing his whole frame. There seemed to be great vascular and

mental excitement, yet his temperature was down to 96° . After this evidence of absorption he applied the nitric acid to the bite, but almost immediately became irresistibly drowsy, and then unconscious. At 11 A.M., ten hours after the bite, he was found insensible, pale, pupils contracted, feet and legs cold, but with an axillary temperature of nearly 100° ; the intercostal muscles, arms, and legs were paralyzed; the diaphragmatic respiration was irregular. A medical man on board sucked the bites and cauterized them freely, and gave ether and ammonia every half hour. There was no movement of the body until three in the afternoon, when a tetanic spasm occurred, followed by hiccough and twitching of the muscles about the shoulders. The experimenter then recovered consciousness, slowly regained power over the limbs, and slept for twelve hours. After this he was well, except for prostration. It is hardly possible to conceive an experiment made under more reckless conditions—an experiment with a rattlesnake in solitude, in the middle of the night, and by an observer apparently ignorant of the rapidity with which the action of the poison once set up develops. The result teaches nothing new, and it is difficult to understand what, under the circumstances, could be learned from it.

ONIONS IN CONSUMPTION.—William H. Pearse, M.D., Edinburgh, Physician to the Plymouth Public Dispensary, in an article on Consumption, in the Medical Press and Circular, recommends onions very highly in this disease. In this connection he says:

"I have in a former paper mentioned the frequent desire of phthisical patients for onions, salted and smoked fish, etc. Of those asked, forty had a great desire for onions against eight without such desire. Twenty-six desired pickles and vinegar against four who did not. I can not avoid again remarking on the frequency with which onions are debarred young delicate people and phthisical patients. It is a continually recurring experience with me to hear young people say how great is their desire for onions, and which are often preferred raw, eaten with a little salt; and it is rarely that I have heard that onions disagree.

"I conceive that it is of the greatest importance to follow Nature's lead in the matter of the appetite. . . I conceive, further, that a marked passion for a special food, such as that of the phthisical for onions, puts us on a right path toward further knowledge."

ANOTHER DISCOVERY.—Prof. Swift, Astronomer of Warner Observatory, at Rochester, discovered another large comet on the evening of October 10th. The fact was noted in the associated press dispatches, but some important and interesting details that could not be telegraphed are herewith given. The new celestial visitor is in the Constellation of Pegasus, right ascension, twenty-one hours, thirty minutes, declination north seventeen degrees, thirty minutes. Its rate of motion is quite slow, being in a northwesterly direction, so that it is approaching the sun. It has a very strong condensation on one side of the center in addition to a star-like nucleus, which indicates that it is throwing off an extended tail. From the fact of its extraordinary size we are warranted in presuming that it will be very brilliant, and the additional fact that it is coming almost directly toward the earth gives good promise that it will be one of the most remarkable comets of the present century. This is the fifth comet which Prof. Swift has discovered, and the increased facilities which Mr. H. H. Warner, the popular and wealthy medicine man, has given him, by erecting a magnificent observatory for his benefit, promise much more for the future. There is a possibility that further developments may prove this to be the great comet of 1812, which is being constantly expected, in which event astronomers will have an unusual opportunity to test the spectroscope for the first time upon these eccentric bodies, and ascertain certainly what they are.

MASSACHUSETTS LAW.—If a person returning from a funeral on the Lord's day take a circuitous route through another town, solely for the purpose of making a social call on a friend, and thus sustains an injury from a defect in the highway, it is not a question for the jury whether he was then traveling "from necessity or charity" within the General Statutes, but as a matter of law he can not recover of the town liable to keep the highway in repair.—*Boston Med. and Surg. Jour.*

DR. AUSTIN FLINT, JR., has been invited to the Chair of Physiology in the Jefferson Medical College, Philadelphia, but has declined, preferring to remain at Bellevue Hospital College, New York. We congratulate Bellevue on this decision of Dr. Flint, who must be regarded as not only one of the most advanced teachers in the states, but one of the best friends of higher medical education.—*Lancet.*

QUININE PRODUCTION IN INDIA.—The Pall Mall Gazette says that the experiments begun ten or twelve years ago for naturalizing in certain parts of India the best varieties of the cinchona or peruvian bark tree have been attended with the most remarkable success, and with beneficial effects still more remarkable (British Med. Journal). In the treatment of the fevers and other forms of disease endemic in India the employment of quinine has always been a chief means of cure and of prevention. But the increasing demand had raised the cost of the imported drug to a point which rendered its use impossible to millions and tens of millions of the poorer classes of India. Hence it occurred to a few of the more enterprising spirits in the Indian government that vigorous efforts should be made to acclimatize the cinchona tree itself in certain districts of India and in Ceylon. The experiments have been entirely successful, and there are now in various stages of growth probably millions of cinchona plants already yielding the peruvian bark so plentifully and so perfectly that the price of quinine has fallen in Ceylon, and other parts, to about two rupees (three shillings six pence) the ounce, and to fifty cents the ounce for preparations of a diluted strength. There is the strongest possibility, amounting to certainty, that in six or seven years the Indian production of quinine will be so large, and the price so low, that it will become a considerable article of export; bearing in mind that every fall in price means extending use in India in the cure and prevention of fever and disease, and therefore the cure and prevention of want and suffering among the poorest class of the native population.

CADAVERIC ALKALOIDS.—The properties of the alkaline compounds which are formed during the decomposition of animal tissues have been the subject of an investigation by MM. Brouardel and Boutmy, which has been communicated to the French Association for the Advancement of Science (Lancet). Such substances have been called *ptomaines*, and they have been found in the bodies of individuals who have died a natural death, and also in those who have been poisoned. In cases in which the tissues are to be subjected to chemical analysis it is important to prevent the formation of these alkaloids, and the most efficient agent for this purpose is cold; and hence M. Brouardel has arranged for bodies which are to be subjected to anal-

ysis to be kept in the Morgue in chambers of refrigerated air. The "*ptomaines*" come into the general class of organic alkaloids, and many of them are most energetic poisons, others being quite innocuous. Though there are many distinct substances in the class, identical bodies are formed under very different conditions of putrefaction. The same alkaloid, for instance, was found in two individuals who were poisoned, the one by carbonic oxide, the other by prussic acid. A few are fixed, but the majority are volatile. A substance closely analogous to veratrine was found in a body which had been eighteen months in the Seine, and another in a goose which had been subjected to the heat necessary for cooking. Certain of these substances are clearly poisonous to man, and apparently cause the toxic effects which occasionally result from eating decomposing meat. Symptoms of serious poisoning occurred, for instance, in twelve persons who had partaken of a putrid goose which had contained a peculiar alkaloid, and one of these persons died in a few hours after nausea and vomiting. These poisonous substances may be quickly formed, for in this case the goose had been purchased in the market in the morning of the day on which it was eaten.

CULPABLE FORGETFULNESS.—The Schor-dau Stipend was founded some years ago in the Medical Faculty for the University of Pesth for the purpose of paying the expenses of poor medical students, so as to enable them to continue at the university (*Allg. Wein. Med. Zeit.*). The stipend is, however, properly only a loan, and on the receipt of the money the recipient makes a declaration on his word of honor that as soon as circumstances permit he will repay the loan, in order to enable a greater number of poor students to benefit by the stipend. Out of kindness the founder forbade the recipient being pursued for the debt. For many years past several poor students have received this stipend, and several of these have become wealthy practitioners; but the *Neue Pester Journal* declares that not one of them has ever thought of repaying the loan!—*Med. Times and Gazette*.

TO DRAIN LANDS.—The following stunning Sunday-school joke is from the Sanitarian: Drink whisky and spend all of your time at a village saloon. This receipt will surely drain you of all your lands in a very short time.

THE APOSTATE'S CREED.—The following very clever hit at the scientific unbelief of the day, written by Mr. A. Bierbower, of this city (Cincinnati Lancet and Clinic), appears in the last issue of the New York Independent:

I believe in a chaotic nebula, self-existent, evolver of heaven and earth, and in the differentiation of the original homogenous mass, its first-begotten product, which was self-formed into separate worlds, divided into land and water, self-organized into plants and animals, reproduced into like species, further developed into higher orders, and ultimately refined, rationalized, and perfected in man. He descended from the monkey, ascended to the philosopher, and sitteth down in the rights and customs of civilization under the laws of a developing sociology. From thence he shall come again, by the disintegration of the heterogenized cosmos back to the original homogeneity of chaos.

I believe in the wholly impersonal absolute, the wholly uncatholic church, the disunion of the saints, the survival of the fittest, the persistence of force, the dispersion of the body, and in death everlasting.

THE old, old story of Ricord, who attended the opera and outvied all others in his applause, but who, as it afterward turned out, applauded the effects of iodide of potassium upon a signer's arm rather than the singing, has been revamped, and is going the rounds of the medical press credited to the Louisville Medical News.—*Michigan Med. News.*

[We are glad that our namesake gives us credit for our *old* stories. It is not over-conscientious about our new ones. How well it tells an anecdote, by the way!]

LONDON FOGS.—Dr. Frankland, who has been studying London fogs, finds that the fogs occur in comparatively dry air, and that they can not be considered as a sign of dampness. Their persistency in a dry atmosphere he has found to be due to a coating of oil, derived from coal smoke, upon the surfaces of the minute vesicles of water composing the fog, and which effectually hinders the evaporation of the water.

MISS ALICE A. J. S. KERR, M.D., has been elected resident assistant medical officer at the Children's Hospital, Birmingham. The lady received ten votes, or two in excess of the number given for Mr. J. L. Thomas, surgeon, the other applicant for the office.

Selections.

Some Remarks on "Malaria" and "Climatic Influences" in Relation to Tropical Fevers.—Extracts from a paper by Surgeon-general C. A. Gordon, M.D., C.B., Q.H.P., in the Medical Times and Gazette of October 2, 1880:

If we desire to indicate the exact nature of the entity or influence to which, in ordinary discussion, the term *malaria* is applied, we shall fail in that endeavor. On the one hand the term is applied to the gaseous products of vegetable and animal decomposition; on the other generally to the producing causes of certain endemic, epidemic, and specific diseases; but the circumstance has long been acknowledged as a fact that diseases manifesting all the characters and phenomena of those usually attributed to organic decomposition occur also in persons residing in localities and under conditions where it is impossible to trace the existence of any such products. Then again there is the *mal-aria* which arises from human beings crowded together, more particularly where other insanitary conditions also exist. There is in this instance no question as to the appropriateness of the term, nor do the results of experience leave room to doubt that such conditions are of themselves capable of producing disease, the type and virulence of which are affected by the nature and intensity of that totality of influences to which the term "climatic conditions" is generally applied—those influences comprising "heat, light, and electricity, the variations of atmospheric pressure, the rapidity or amount of evaporation and radiation which affect vital processes in the human body."

The occurrence of *malaria* as a specific entity can readily be understood in relation to swamps, narrow, confined, and densely-wooded valleys, beds of former rivers, certain Indian jungles, and even on alluvial plains in tropical countries; but the theory of such an entity existing entirely fails to explain the occurrence of what are usually recorded as *malarial* diseases, including fevers, dysentery, hepatitis, cachexia, neuralgia, and so on in localities where no decomposing organic matter exists. Thus, in South Holland, in August, 1794, after a very dry and hot summer, our troops suffered severely from fever, notwithstanding that the soil consisted of a level plain of sand, its surface dry and (except a few stunted plants) destitute of vegetation. At Walcheren, in 1809, our army was all but destroyed by *malarial* fever, although that island is composed entirely of white sand intermixed with clay, but with this very serious disadvantage as regards requirements for health, that it is below high-water mark, and protected from inundation by means of dykes. It was thus impossible to find the existence of *malaria* as such in that island; but such were the effects of the general influences included under the term *climate* of the locality, that for many years subsequently those who had been subjected to them suffered from recurrences of *malarial* fever. On the island of Ascension, at Gibraltar, and in the Ionian Islands, malarial diseases affected and still affect our troops, notwithstanding that *malaria* as such does not exist; hence their occurrence is due to the sum of climatic influences which produce an effect exactly similar to that assigned to the entity so called; therefore the expressions "malaria" and "climatic influences" with regard to those localities have obtained an interchangeable significance, although im-

plying a precision which, as a matter of fact, does not and can not exist.

In America, near the Oronoco, malarial diseases are described as occurring in localities where there is no *malaria* as such. At Port of Spain, in Trinidad, the anomaly is recorded of residents enjoying comparative immunity from fever, notwithstanding the place is surrounded by a swamp; and yet the same persons, if they take up their abode for a single night in La Vantile Hill, in the immediate vicinity, and overlooking the bay of Trinidad, suffer from fever in its severest form. It is on record that at Baïæ a French army suffered very severely from malarial fever, although *malaria* as an entity was non-existent. At Hong-kong, as at Cape Coast, what are ordinarily described as *climatic* fevers are most severe and deadly. At both places the soil is dry and hard; at the former vegetation is sparse; at the latter dense, but not so in the sense of an Indian jungle; at both the underlying rock consists of decomposing ferruginous granite, and at both the alternations in meteorological conditions are so great and so sudden that the extent to which they are so, and thus affect even the sensations, can only be appreciated by a person who has served at those places and survived the ordeal. *Malarial* diseases prevail at both in their most intense form, but residents do not speak of them under that term, but as *climatic*. In several parts of India malarial diseases prevail extensively, and yet *malaria* as such is not found to exist. Thus, in Scinde and in the Punjab the soil is for the most part composed of sandy alluvium upon clay, or, as at Kurrachee, upon magnesian limestone, yet *malarial* fever, neuralgia, and malarial cachexia prevail in those provinces. Many subjects of the latter affection have annually to be sent to England with a view to recover their health; and being so, their particular condition is, among persons practically acquainted with the effects of endemic influences, well understood under the term "climate-struck."

From the particulars now given the following conclusions are, I think, fairly to be drawn, namely:

1. That although in certain localities indicated the presence of an entity, *malaria*, has, and apparently with good reason, been assumed the precise nature of that entity remains undemonstrated.

2. In other and many localities diseases, the character of which is by consent admitted to be *malarial*, occur in the absence of any possible *malaria* in the sense of gaseous products of decomposition of vegetable or animal matters; nor are such localities indicated by any invariable characters of their own.

3. This being the case, such diseases, *malarial* in their phenomena, can only be assigned to *climatic* and other influences operating in those localities. Hence interchange in regard to the significance of the expressions "*malaria*," "*climate*," "*climatic*," and "*endemic*" influences becomes readily adopted in the conversation and writings of medical officers and others who serve at such places, although with difficulty appreciated by their more fortunate brethren who are spared that ordeal.

4. But it becomes practically impossible to distinctly draw the line between such diseases as are caused by the *malaria* of swampy and otherwise *malarial* districts in India and the tropics generally and such as occur in dry and arid districts, and with atmospheric or climatorial conditions peculiar to them, except in a few instances, and chiefly in the early stages of attack. Thus, as regards fevers the onset is more ardent in the dry locality than in the swampy;

heat-apoplexy common in the dry, not so in the swampy; dysentery more acutely inflammatory in the former than in the latter; but the rule remains as expressed.

5. Not only have I ample authority, as indicated in the extract already given for such use as I have made of the expressions of "*malaria*," "*climate*," and "*climatic* influences," in my official reports on "*enteric*" fever, but the manner in which those expressions are made use of is accepted and perfectly understood by medical officers of considerable service in tropical countries.

Finally, I consider I have grounds for believing that the investigation of disease as regards India and the tropics generally is in England liable to be conducted differently from that of other branches of natural history. Thus, with regard to disease a *type* is adopted as a standard, such as presents itself in England, the phenomena of species or varieties of that particular disease as existing in those countries *constrained* so as to be accommodated to that type; whereas with regard to, for example, a plant or animal the particular type is taken exactly as it presents itself where met with, each species or variety studied independently and with reference to its own characteristics. If this be so, it appears to me that benefit to those most concerned—namely, the sick—would accrue from the study of Indian diseases and their *causation* more from an Indian, less from an English, point of view than that according to which, in some instances at least, their investigation has of late been conducted.

Treatment of Choleraic Diarrhea by Hypodermic Injection of Morphia.—Dr. W. Hardman, C.M., etc., writes to the *Lancet* of October 2d:

In the *Lancet* for September 27, 1879, appeared a communication from me on the subject of the treatment of choleraic diarrhea by the hypodermic injection of morphia. I will recapitulate the conclusions I there ventured to draw from an extensive experience of over three years' routine use of this method:

1. Choleraic diarrhea can be always immediately stopped by the administration of morphia hypodermically.

2. If severe diarrhea have persisted over two hours in spite of the administration of morphia or opium by the mouth frequently, the hypodermic injection of morphia should be at once resorted to.

3. If cramps and collapse be present, the purging persisting, no time should be lost in administering morphia subcutaneously in full dose.

4. The treatment is absolutely free from danger, even if temporary suppression of urine or albuminuria be present.

5. Where not curative the treatment is diagnostic, enabling us to foretell with certainty the advent of dysenteric symptoms.

6. The best preparation of morphia for this and other hypodermic purposes is the sulphate, on account of its smaller liability to undergo change into apomorphia. For a knowledge of this last fact I am indebted to my friend Mr. H. O. Thomas, of Liverpool. Obstinate vomiting may persist for twelve to forty-eight hours after the purging is stopped, but need occasion no anxiety. It is the purging that kills.

A case of suppression of urine for nine days is reported by Dr. George F. Bates in the *Medical Record*. Death ended the case.

Recent Researches on the Action of Drugs.

—Certain recent researches into the effect of large doses of strychnia have brought to light some most remarkable facts. In poisoning by this agent the convulsions and toxic action are remarkably lessened by artificial respiration (*Lancet*). This was first shown by Rosenthal, who asserted that double the ordinarily-fatal dose was necessary, under these circumstances, to cause death. Experiments which in the main confirm these statements have been made by Leube, Pauschinger, and Buchheim. M. Richet, however, has recently informed the Académie des Sciences of the startling fact that when artificial respiration is maintained a dose of strychnine one hundred times that which is usually fatal may be administered without causing immediate death, and that the effects are altogether different from those which result from ordinary doses. The quantity of strychnia which is fatal to a dog of ordinary size is two or three milligrams. If one centigram is injected beneath the skin or into the saphenous vein of a dog in the trachea of which a cannula has been placed the animal is seized in about a quarter of a minute with a violent convulsive attack, which would be fatal were it not for artificial respiration. Under the latter, however, the attack ceases in a few seconds, and the heart, after a period of irregular action, resumes its normal pulsations. Still larger doses of strychnine can be thus injected without causing the death of the animal. The toxic phenomena vary according to the dose injected. There is first a tetanic period, and later a convulsive stage characterized by violent, incessant, spasmodic contractions of nearly all the muscles. A little later, when the quantity of strychnine injected exceeds one centigram per kilogram of body-weight—say one decigram, a grain and a half for an average-sized dog—a stage occurs which may be termed choreic, marked by violent rhythmical shocks, recurring at intervals of three or four seconds and separated by periods of almost complete resolution. When the dose exceeds four centigrams per kilogram of body-weight—say half a gram, or seven grains, to a medium-sized dog—the choreic shocks do not occur; there is a final stage of complete resolution, when reflex action is abolished, spontaneous respiratory movements have ceased, and the heart contracts with frequency but regularity. The pupil, dilated at the onset, becomes strongly contracted. Arterial blood-pressure, raised at the commencement of the poisoning, gradually falls, and the rectal temperature varies correspondingly, rising during the convulsions to 105° or 106° F., to fall to 96° during the period of resolution.

Dogs and rabbits to which these large doses have been given may be kept alive four or more hours by artificial respiration. If the latter is interrupted for a few seconds—say for half a minute—the heart stops and the animal is dead. Loss of blood, even of a small quantity, will also cause death. In order to insure success in these experiments the strychnine has to be injected with a certain slowness, an hour being given for the injection of half a gram (seven grains). The artificial respiration must be vigorous, and success is more readily obtained with rabbits and small dogs than with larger dogs. If instead of these large doses very small quantities are employed—say one milligram per kilogram of body-weight—death occurs rapidly by syncope. The cardiac failure is not at first fatal, but after three or four attacks the animal dies. When the dose injected is fifty times as much these syncopal attacks do not occur, and it can then be as-

certained that the pneumogastric has scarcely any action upon the heart. The muscles preserve their normal irritability. The action of the motor nerves is lessened, but is not abolished. Thus the complete absence of spontaneous movements is to be ascribed to the effect of the strychnia upon the spinal cord rather than to the loss of the functions of the motor nerves or of their terminations. The animal is in a condition analogous to that produced by chloral or alcohol.

We can not from these experiments derive much hope of dealing more successfully with strychnine poisoning. As the poison is eliminated, and its dose thus lessened, its effect upon the heart increases and death results from syncope. But in cases in which it is important to prolong life for a few hours this might be effected by prompt tracheotomy and vigorous artificial respiration.

Non-venereal Syphilis.—In rather more than a third of all cases of syphilis we find intentional or unintentional ignorance of whence or how the disease was acquired, with non-recognition of the nature of the initial sclerosis until later symptoms appear. The laity still look upon syphilis as necessarily coming from a lesion upon the genitals of one person and necessarily received by the genitals of another—two errors. The lesion serving as origin of the virus may be situated any where upon the person infecting; the excoriated spot receiving the contamination may be upon any part of the body of the person infected. V. Sigmund cited one hundred and sixty-six cases of extra-genital primary sclerosis. His assistant, Dr. Mracek, now adds eighty additional cases to this list. Of these, more than half (forty-four) were due to direct contact of syphilitic patients with non-syphilitic persons, such as physicians, wetnurses, ward-tenders, midwives, pursuing their professional duties; innocent women and children from a kiss; both sexes from scratching, sucking or biting, fingering, or “mistaken identity” (*Juvenal*), in war or love, when intoxicated or not. Mediate infection from sugar-teats, spoons, nursing-bottles, surgical instruments, pipes, clerical water-closets, tools (glass blowers’), and possibly toilet utensils, goblets, or dishes, was less common, and, though not always susceptible of proof, in many of these cases immediate contagion could justly be suspected. The reports of Jullien, Lancereaux, Aimé Martin, and Fournier swell this list to four hundred and seventy-seven cases. More recently five cases have been reported by Zeissl, two by Weinberg, nineteen by Hulot, Spillman, Bulkley, and Plumert. —*Boston Med. and Surg. Journal*.

Extraordinarily Low Temperature.—Dr. Kosürew reports the case of a powerful, muscular Cosack, thirty-two years old, who, falling from a height, received a severe wound of the scalp penetrating to the bone (*Centralb. für Chir.*, July 24th). He lived for five days after, his pulse being only 44, and the temperature exhibiting only, on repeated and exact measurements, from 27.2° C. (80.8° F.) to 28.5° C. (83° F.) in the morning, and from 26.5° C. (79° F.) to 29° C. (84.2° F.) in the evening. On examination the skull was found uninjured. The blood of the sinuses and dura mater was of the color and consistence of tar, and the base of the brain was also gorged with a similar fluid. The medullary substance was of a doughy consistence, and exhibited numerous blood-points wherever sections were made.—*Med. Times and Gazette*.

Calomel and Iodide of Potassium in Eye Diseases.—In the *Archiv für Ophthalmologie*, xxv, Dr. Schlaefke, in a paper on the simultaneous use of calomel and iodide of potassium in the diseases of the eye, draws the following conclusions (Med. Press and Circular): 1. When a patient is taking iodide of potassium, calomel applied to the eye causes severe inflammation; this fact was known previously, but forgotten. 2. Iodide of potassium taken internally rapidly spreads through the body; appears quickly in the various secretions, and may be detected in a few minutes. 3. When iodide of potassium is given in doses of forty centigrams twice a day it is found in noticeable quantity in the tears. 4. Whereas calomel is very slightly soluble in water, it is ten times as soluble in a solution containing seventy-five per cent of chloride of sodium. 5. When placed on the conjunctiva calomel is quickly dissolved and exercises a chemical action. 6. When this effect is produced in a patient taking iodide of potassium we find in the tears iodide and biniodide of mercury, and these caustic substances cause inflammation. So that we ought not to use calomel as a topical application during the administration of iodide of potassium.

An Epidemic of Favus Affecting Simultaneously Cattle and Children.—Dr. Gigard reports the occurrence of this epidemic in a village called Nantoin, in the Canton Côte Saint André (*Lyon Médical*, August 15th). Porrigio favosa had existed for several years in the village, but the inhabitants had been heedless of its presence. Many cows were suddenly affected, and at the same time the disease manifested itself among the children. The original culprit, according to the writer, was a calf, which in a somewhat roundabout way communicated the disease to the village cows, and hence to the children.—*Med. Record*.

Ichthyosis.—Marked changes in the nerve-roots in congenital ichthyosis have been found by M. Leleoir. The cutaneous nerves presented changes such as have been before described. In the nerve-roots, moreover, at their origin from the spinal cord, a considerable number of nerve-fibers, of both the anterior and the posterior roots, were degenerated, presenting the lesions of "atrophic neuritis," empty sheaths with nuclei here and there, the myelin and axis cylinder having completely disappeared. A few nerve-tubules presented more recent lesions. The spinal ganglia were not examined.—*Lancet*.

A case of profuse intra-cranial hemorrhage, intense headache, vomiting, delirium, absence of hemiplegia, coma, glycosuria, and death is reported in the *Lancet* of September 18th:

H. N., aged thirty-eight, was admitted on May 22, 1880, at 11.30 P.M. He was very pale, his skin was cold and moist, and his pulse was weak; he was delirious, and complained of intense pain in his head. No trace of hemiplegia could be discovered, the patient walking into the ward with the assistance of his friends. The pupils were normal. He was put in bed, and an ice-bag was applied to his head. Shortly afterward there was some vomiting.

At half past one the next morning he became very violent and noisy; at five o'clock he was comatose, and at seven he was dead. Some urine was drawn off by the catheter, and found to contain sugar. It was ascertained from his friends that he appeared in perfect health up to the day of his admission; that he

had spent that day at some pleasure-gardens, and had had no alcohol beyond three glasses of beer; that he was about to start for home when he suddenly complained of severe pain in his head, and shortly afterward became temporarily unconscious on his way to the infirmary.

At the necropsy a dark clot was found filling the lateral, third, and fourth ventricles of the brain; blood was effused over the base of the brain, and had extended upward over the surface of the hemispheres, filling the sulci. The large ganglia and other important structures at the base of the brain were uninjured. No ruptured vessel or aneurism was discovered. The lungs were emphysematous. The heart, liver, spleen, kidneys, and other organs were healthy. There were no marks of external violence.

The Functions of the Eustachian Tube.—Dr. T. F. Rumbold, of St. Louis, has been investigating this subject, and in the *St. Louis Medical Journal* comes to the conclusions that the eustachian tube is not an open passage into the tympanum during the act of deglutition, but that its walls are constantly in slight contact. The air continually permeates the tube into the tympanum. The air in the normal tympanum is not of equal density with that of the surrounding atmosphere, but it is rarefied. One of the functions of the eustachian tube, the principal one perhaps, is the maintenance of this inequality in the density of the air. This rarefied condition of the air causes the concavity of the membrane. A certain degree of uniform pressure on the fluid in the internal ear by means of the membrane and the ossicles is essential to normal hearing.—*Med. Press and Circular*.

An Epidemic of Accidents or Disease?—Have we recently had a mania "wave" to strike the equine population of the city? On one and the same day early in this month we were apprised of almost half a dozen serious results from the action of horses never known before to show any vicious traits. First on the list came Dr. Jacob Geiger, one of whose carriage-horses, perfectly gentle always before, made a furious attack upon the doctor and a little ten-year boy, kicking and stamping the helpless child until death ensued in a few days from the injuries, and so injuring Dr. G. that he is now just able to get out. On the same day Dr. Simmons's usually quiet horse manifested a disposition to "get away" with him, while my own, quiet and kindly as a lamb, made a snap at my own hand and came nigh taking two fingers. On the same day, or possibly the day following, Mr. J. P. Moore, of the Saunders House, received a kick from his horse, the injury from which has just sent him to the grave. Are the horses insane?—*St. Joseph Med. and Surg. Reporter*.

Vomiting as a Symptom.—Professor Potain, alluding to a case at the Necker in which vomiting was a prominent symptom, observed (*Revue Méd.*, August 28), "There is in general much more vomiting in an affection of the brain or in disease of the kidney than in affections of the stomach, excepting cancer which has reached a certain stage. So that when you are in the presence of a patient who is constantly vomiting alimentary matters without the digestive organs manifesting any well-marked sign of disease, your attention should always be immediately turned to the encephalon and to the organs for the secretion of urine." *Med. Times and Gazette*.



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EDITORS.

MINOR ANESTHETICS.

We close our notices of the several anesthetics this week with a consideration of the minor ones.

Bichloride of methylene is one of these. It has n't much rank—is chiefly celebrated as being the anesthetic under which Spencer Wells has done a number of his ovariectomies—two hundred and eighty indeed. The anesthetic committee speak of it as bichloride of methylene *so called*, as its boiling-point is not definite, and it is evidently a mixture. Dr. Kappeler charges it with nine deaths, and his conclusions are "that experience shows it to be as dangerous, if not more dangerous than chloroform." The experiments of the anesthetic committee confirm this view, its depressing action on the heart being marked.

Dichloride of ethedene is the result of the study of the anesthetic committee for some agent less dangerous than chloroform. They believe that they have found it in dichloride of ethedene—"an isomeride of ethene dichloride produced from aldehyde." Experiment with lower animals showed it a perfect agent, producing prolonged anesthesia without cardiac depression. It reduces blood-pressure, but by regular gradation, and not suddenly, as in the case of chloroform. Vomiting is sometimes produced by it. The conclusion of the committee is that although ethedene is not free from danger, it is in a very high degree safer than chloroform; that it is less exciting, more agreeable than, and

as rapid in action as chloroform, and that "a very strong case is made out for an extensive trial of it." The clinical account is not extensive, but so far favorable. Dr. Kappeler records, however, that "unfortunately the occurrence of a death from this article in Berlin destroys early the hopes which had been cherished of it, and will not permit of a more extended trial." Dr. Reeve rightly enough regrets that no account of this death is given, that we might judge how much so spotless an anesthetic was at fault.

Bromide of ethyl is the remaining anesthetic considered by Dr. Reeve. We are indebted for its introduction in America to Dr. Turnbull, who claims originality in its use upon man, and his able coadjutor, Dr. Levis. Dr. Nunnally, of Leeds, experimented on animals with it as early as 1849, and his experience with it as an anesthetic with patients was the subject of a paper read by him before the British Association in 1865. Dr. Levis, upon the basis of seventy-one administrations, declares he has "used it under the most varied circumstances which could be required to test the merits of an anesthetic, . . . and in the most abnormal conditions of debility and shock of injury; in capital operations, through protracted periods of administration, in patients from early infancy to extreme old age;" and declares his "conviction that it is practically the best anesthetic known to the profession." These were brave words of Dr. Levis, and he had not written them very long before a death at his clinic taught him that the prophecy of anesthesia must be built not on tens, but on tens of thousands observations. Another

death under the bromide of ethyl, recorded by Dr. Sims, also hastened to dispel a fancied security in the new agent.

The bromide of ethyl is put forward with the usual claims for preference—safety (of which we have seen), quickness and pleasantness of action. These points are not thoroughly proved. It may be remembered that the *LOUISVILLE MEDICAL NEWS* was one of the first journals to record clinical experience (in the person of one of the editors) with the new agent. The account was not strikingly in its favor.

We bring our remarks to a close. Before doing so we must express again the great obligations we have been under to Dr. J. C. Reeve, of Dayton, Ohio, for his wonderfully well-digested review in *Hays's Journal*, which has allowed us so easily to scan the important field. He is, we believe, engaged in further anesthetic work, and we certainly can recall no one who would do it more thoroughly and fairly.

As we cast about for closing words which will sum up the question of anesthesia, those which are used by Dr. Reeve are better than any we can put together, and we give them entire:

Our task has been executed during a period of greatly renewed interest in and study of anesthetics. In regard to some the ink had scarcely dried before new facts were presented for consideration or statements had to be modified. This awakened interest in the subject, and this rapid investigation of new agents attests at once the great importance of the subject and the earnest desire of the profession for a pleasant anesthetic safer than any we now have. Such an one is not yet found. Every one must deeply regret that a death should have occurred to shake confidence in an article which promised a realization of our hopes. Yet when we reflect on the number of successful inhalations necessary to prove that a new anesthetic is better than those already tried, the difficulty of the problem is appreciated. The new candidate must have been used thousands of times before it can rival chloroform or the mixed vapors, and tens of thousands before it can be compared with ether in regard to safety. Were this fact kept in view there would be fewer journal articles and less dogmatism on this class of remedies. Is it probable that a perfectly safe anesthetic will ever be at our command? The time necessary for the proving of new agents

makes this very improbable during the lifetime of those who saw the advent of ether and chloroform, and the retrospect we have made is not favorable to an affirmative answer. Disaster has followed the use of all, and the facts now will sustain Velpeau's statement as well as when he made it, and still justify Erichsen's words: "With every possible care it appears certain that the inhalation of any anesthetic agent is in some cases almost inevitably fatal." The inference is that what has been so universally true in the past will be true in the future, however sad this may be to the philanthropist or to the enthusiastic surgeon. Unfortunately physiology teaches the same lesson: a state of artificial anesthesia is a state upon the borders of death.

The great practical lesson of all facts and all theory is that in the use of anesthetics no precaution can be superfluous, no care too minute, and no watchfulness too great.

DIET FOR THE SICK.—Our readers will no doubt be glad to know that the series of articles upon Diet for the Sick, which was contributed to these pages some months ago by Dr. J. W. Holland, has been published in book form by the Messrs. John P. Morton & Co., making No. 1 of a Pocket Series upon Practical Subjects which this firm contemplates to issue. Professor Holland has amplified his remarks in the brochure, adding an important chapter upon Rectal Feeding, etc. The work is an exceedingly comprehensive and compact exposition of the most important chapter in medicine.

Reviews.

The Art of Prolonging Life. By CHRISTOPHER WILLIAM HUFELAND. Edited by ERASMUS WILSON, M. D., author of *A System of Human Anatomy*, etc. From the last London edition. Philadelphia: Lindsay & Blakiston. 1880.

Book-lovers are again placed under obligation by the great Erasmus Wilson. The author of an unsurpassed work on Anatomy, of the best book on Dermatology ever published, besides many smaller contributions to medical and popular literature, Dr. Wilson, the munificent giver, the charming writer and eloquent speaker, the debonair and delightful companion, could have written a far wiser and more useful and altogether better book than this he has edited. But his labor

here is not in vain, for all who enjoy the quaint and curious will read Hufeland with pleasure; and while this Art of Prolonging Life contains much that is obsolete, absurd, and incorrect, it contains much that is not without value and not a few useful truths. In its day it wielded a wide influence, and not only does it give us an insight into the views held by the medical philosophers of a century ago, but in it we see where many of the popular ideas of medical science to-day had their origin, or at least got their confirmation. From our earliest memory we remember this book in our father's library, but had we not received this new edition of Hufeland from the pen of Dr. Wilson we should probably never have found the time to peruse the old treatise, and for the pleasure derived from it we thank its beloved author.

The extracts which we give will convey a fair idea of its contents. The headings Hufeland and Wilson are not responsible for:

How do you Sweat?—In Egypt it was believed that life could be prolonged by the continued use of emetics and sudorifics. It was therefore a general custom to take at least two emetics every month; and instead of saying, How do you find yourself? one asked another, How do you perspire?

To Prolong Life.—Plutarch says, "Keep your head cool and your feet warm; instead of employing medicine for every indisposition rather fast a day, and while you attend to the body never neglect the mind."

Cornaro, who died at eighty-three, till the fortieth year of his age had led a life of dissipation; had been always subject to colics, pains in his limbs, and a fever; and was so far reduced by the last that his physicians assured him that he could not live above two months; that all medicine would be useless; and that the only thing which could be recommended for him was a spare diet. Having followed this advice, he found, after some days, that he was much better; and at the end of a few years his health was not only perfectly reëstablished, but he became sounder than ever he had been before. He resolved therefore to restrain himself more and more, and to use nothing except what was absolutely necessary for subsistence. For sixty whole years he took no more than twelve ounces of food, every thing included, and thirteen ounces of drink daily.

A Lunatic's Fast of Forty-six Days.—A French officer, after a tedious and severe illness, was seized with a mental disorder, during which he resolved to starve to death; and continued so firm to his purpose that for forty-six days he did not take the smallest grain of food. On the fifth day he asked only for some distilled water, and as half a pint of anise-seed water was given to him he used the whole of it in three days. His friends, however, having represented to him that this quantity was too much, he put into each glass of water he drank no more than three drops, and in this manner his half pint lasted till the thirty-ninth day. He then gave over drinking, and for the

last eight days took nothing at all. After the thirty-sixth day he was obliged to lie in bed. His friends gave him up as lost, when the voice of nature was suddenly awakened within him by seeing a child with a piece of bread and butter. This sight excited his appetite so that he begged for some soup. A few spoonfuls of rice-broth were given him; stronger food was gradually added, and his health was in this manner again wholly restored.

A Profoundly Wise Maxim.—The Emperor Tiberius, who lived to seventy-eight years of age, used to say he considered *a man as a fool who, after the thirtieth year of his age, consulted physicians respecting diet*, because every one with the least attention must before that period have discovered what was useful and what was prejudicial to him.

Celibacy and Longevity.—There is not one instance of a bachelor having attained to a great age. This observation is as applicable to the female as to the male sex.

Indolence and Longevity.—No instance can be found of an idler having attained to a remarkably great age.

Savagery and Longevity.—The wild savage does not live so long as a man in a state of civilization.

Natural Longevity.—With the greatest probability we may assert that the organization and vital power of man are able to support a duration and activity of two hundred years.

Longevity.—In England during the seven years 1838-44 there died at the age of one hundred and upward seven hundred and eighty-eight persons, namely two hundred and fifty-six males and five hundred and thirty-two females, giving an average of one hundred and twelve and a half annually. Of this number a very small proportion, namely, seventy-two (twenty-seven males, forty-five females), were returned from London, while one hundred and thirty-seven (forty-three males, ninety-four females) were inhabitants of Wales.—*Erasmus Wilson.*

Water Probably a Nourishment.—Water, if it be not a nourishment of itself (though this, by the instance of fishes, worms, etc., who may be fed for a long time with water alone, seems highly probable), is at any rate indispensably necessary for the business of restoration and nourishment.

Laughter as a Digestant.—Laughter is one of the greatest helps to digestion with which I am acquainted, and the custom prevalent among our forefathers of exciting it at table by jesters and buffoons was founded on true medical principles. In a word, endeavor to have cheerful and merry companions at your meals. What nourishment one receives amid mirth and jollity will certainly produce good and light blood.

Laughter.—Laughter, that external expression of joy, must not here be omitted. It is the most salutary of all the bodily movements, for it agitates both the body and the soul at the same time; promotes digestion, circulation, and respiration; and enlivens the vital power in every organ.

Wine.—Wine rejoices the heart of man, but it is by no means necessary for long life, since those who never drank it seem to have become oldest. It is best when one considers and uses wine as the seasoning of life, and reserves it for days of mirth and recreation to enliven the friendly circle.

Drink Plenty of Water.—Never neglect to use a sufficient quantity of drink. It too often happens that people, by inattention to the calls of nature, forget drinking altogether, and are no longer reminded of it, which is the grand cause of aridity, obstructions in the lower stomach, and a multitude of diseases to be found so frequently among men of letters and females who lead a sedentary life. The best drink is *water*, a liquor commonly despised, and even considered as prejudicial; I will not hesitate, however, to declare it to be one of the greatest means for prolonging life. Theden, surgeon-general, who ascribes his long life of more than eighty years chiefly to the daily use of seven or eight quarts (from twenty to twenty-four pounds) of fresh water, which he drank for upward of forty years. Between his thirtieth and fortieth year he was a most miserable hypochondriac, oppressed with the deepest melancholy, tormented with palpitation of the heart, indigestion, etc., and imagined that he could not live six months. But from the time that he began this water-regimen all these symptoms disappeared, and in the latter half of his life he enjoyed better health than before, and was perfectly free from the hypochondriac affection.

Soups.—I can not here omit to say something in favor of soups (liquid nourishment), since it has been lately fashionable to decry them as prejudicial. Be careful only not to use it hot, in too great quantity at one time, or too watery. It is attended even with great advantages. It supplies the place of drink, particularly to men of letters, women, and all those who do not drink, or drink very little except at table, and who, when they give over soup, receive into their blood too little moisture. And it is here to be remarked that fluids used in the form of soup unite much better and sooner with our juices than when drunk cold and raw. On this account soup is a great preventive of dryness and rigidity in the body, and therefore the best nourishment for old people and those who are of an arid temperament.

Traveling.—I can not possibly omit to devote here a particular place to this enjoyment, and to recommend it as a means of prolonging life. The continual motion, variety of scene, exhilaration of the mind, and the use of free and changed air, have a magical effect upon mankind, and contribute in an incredible degree to renovate and revive the whole frame.

Adam's Stature and Age.—Some have not hesitated seriously to ascribe to our forefather Adam the height of nine hundred yards and the age of almost a thousand years.

Methuselah only Two Hundred.—Some, particularly Hensler, have proved with the highest probability that the year till the time of Abraham consisted only of *three months*; that it was afterward extended to eight; and that it was not till the time of Joseph that it was made to consist of twelve. These assertions are in a certain degree confirmed by some of the eastern nations, who still reckon only three months to the year; and besides it would be altogether inexplicable why the life of man should have been shortened one half immediately after the flood. It would be equally inexplicable why the patriarchs did not marry till their sixtieth, seventieth, and even hundredth year; but this difficulty vanishes when we reckon these ages according to the before-mentioned standard, which will give the twentieth or thirtieth year, and consequently the same periods at which people marry at present. The whole,

therefore, according to this explanation, assumes a different appearance. The sixteen hundred years before the flood will become four hundred and fourteen, and the nine hundred years (the highest recorded) which Methuselah lived, will be reduced to two hundred, an age which is not impossible, and to which some men in modern times have nearly approached.

Change of Body.—It has been estimated with great probability that every three months our bodies are no longer the same, but consist of entirely new particles.

Prolonging Life by Death in Wine.—Maupertuis conceived it might be possible by a complete suspension of vital activity or an artificial apparent death to check self-consumption entirely, and by such pauses to preserve life for perhaps several centuries. The same idea occurred even to the great Franklin. While in France he received from America a quantity of Madeira wine which had been bottled in Virginia. In some of the bottles he found a few dead flies, which he exposed to the warm sun in the month of July, and in less than three hours these apparently dead animals recovered life, which had been so long suspended. At first they appeared as if convulsed; they then raised themselves on their legs, washed their eyes with their fore feet, dressed their wings with those behind, and began in a little time to fly about. This acute philosopher proposed, therefore, the following question: "Since by such a complete suspension of all internal as well as external consumption it is possible to produce a pause of life and at the same time preserve the vital principle, might not such a process be employed in regard to man? "And if that be the case," adds he, like a true patriot, "I can imagine no greater pleasure than to cause myself to be immersed along with a few good friends in Madeira wine, and to be again called to life at the end of fifty or more years by the genial solar rays of my native country, only that I may see what improvement the state has made and what changes time has brought along with it."

Men Living together in Large Cities.—Rousseau is perfectly right when he says that men, of all animals, are the least formed for living together in great multitudes. The breath of a man is deadly for his fellow-creature.

Bedroom Hygiene.—Pay the utmost attention to cleanliness; that is, change the shirt daily, the clothing every week, the *bed-clothes every month*.

Cleanliness.—Cleanliness for children is one half of their life—the cleaner they are kept the more will they prosper and thrive.

Many a child is washed to death. Cleanliness may be next to godliness, but daily greasing is far more healthful to delicate children than the daily use of soap and water.

Child's Food.—The only things that a child ought not to touch are spiceries, coffee, chocolate, seasoning, confections, fat, heavy puddings, and cheese.

Never eat sugar and avoid confectionery which has mixed with it a quantity of tough calcareous particles.

In this note the distinguished editor illustrates the common habit of doctors to regard as wholesome that food which is readily digested by them; but we quite agree with

him that cheese is not an indigestible article to the average stomach, and furthermore it is promotive of digestion with many. That Dr. Wilson takes no issue with Hufeland on his condemnation of fats for children is very remarkable; but, strange to say, there is a widespread prejudice against fats in England, not only among the people, but in the medical profession. Nothing is a better sign of vigor in a child than a love for fats; and for children as well as for adults fats are well-nigh as necessary to health as oil is to the proper working of machinery. A taste for such food should be cultivated in children by every possible means. This is the way to prevent and to eradicate scrofula, the great scourge of the race. And as for sweets, this taste is natural to almost all animals, and within reasonable bounds (and the bounds should be very large) children should be indulged in pure confections, for they are fat-makers.

Dr. Wilson makes this note:

"I can not conceive Hufeland's reasons for objecting to cheese, unless perchance it were less well made in the eighteenth than in the nineteenth century. I regard it as a wholesome article of diet for children, and a good compromise between meat and vegetable diet."

Bodily Exercise.—"When I consider the physical structure of man," said the great Frederick, "it appears to me as if nature had formed us rather to be postilions than sedentary men of letters."

To Purify Water.—This is one of the greatest and most beneficial discoveries of modern times, for which we are indebted to Mr. Lowiz, of Petersburg. Water which has a disagreeable odor or has become putrid may almost immediately be freed from its nauseous taste, as well as its bad smell, and be converted into good drinkable liquor by the following process: Take some burnt charcoal and reduce it to a fine powder. Mix about a tablespoonful of this powder in a pint of water, stir it well round, and suffer it to stand for a few minutes. Let it then run slowly through filtering-paper into a glass, and it will be found quite transparent, without any bad taste or smell, and perfectly pure for drinking. People may preserve the charcoal powder a long time in a small bottle well corked, and carry it with them when they travel.

Perspiration.—One should use much bodily exercise, for this is a great promoter of insensible perspiration. Avoid all food unfavorable to perspiration. Of this nature is fat of every kind—pork, goose, cheese, etc.

Nonsense, this assertion about these foods.

A Good Stomach to be desired above great Riches.—Without a good stomach it is impossible to attain to a great age. . . . "He has a good stomach," says the proverb, when one wishes to characterize a person to whom neither grief, care, nor sorrow is prejudicial. . . . Whoever feels that he has a stomach can not have a good one. One must not be sensible that one

has eaten; must not be drowsy, dejected, or uneasy after meals; must have no phlegm in the throat in the morning; and the evacuations must be regular and well concocted.

The Nature of Disease and Medicine.—Disease and the operation of medicines are each an unnatural state, and the application of medicine is nothing else than exciting an artificial disease in order to expel one that is natural. This may be seen when a man in good health takes physic, which will always render him ill in a greater or less degree. The use of medicine is therefore of itself prejudicial, and can be excused and rendered healthful only when a more diseased state of the body is thereby removed.

Disease Conservative.—One must never forget that disease itself may be useful and necessary for prolonging life. There are many diseases which are nothing else than an exertion of nature to restore the equilibrium that has been destroyed to evacuate corrupted matter, or to dissipate obstructions.

How oddly these words read in the light of modern medicine!

The Selection of a Physician.—Make choice of a physician in whom you can place confidence, but none of those who deal in arcana, who are too talkative or inquisitive, who value themselves above others, or who endeavor to make the conduct of others appear in a dubious light; for this always betrays ignorance, a bad head, or a bad heart; in short, none of those who are fond of prescribing strong, powerful medicines, or who, according to the common saying, will either cure or kill.

Medical Consultations.—Many believe that the more physicians they collect around them the more certain they must be of relief; but this is a gross error. I here speak from experience. One physician is better than two—two than three—and so on in proportion. In the same ratio as physicians are increased will the probability of cure decrease; and in my opinion there is a certain point of medical overloading in which a cure is physically impossible.

Books and Pamphlets.

PUERPERAL EPILEPSY AND PROTRACTED GESTATION. By L. S. Oppenheimer, M.D., Seymour, Ind., Demonstrator of Microscopy and Histology in University of Louisville. Reprint from American Practitioner for October, 1880.

A well-considered and very practical paper.

THE DIGESTION AND ASSIMILATION OF FAT IN THE HUMAN BODY; An Epitome of Laboratory Notes on Physiological and Chemical Experiments bearing upon this Subject. By H. Critchett Bartlett, Ph. D., F. C. S., author of Analytical Papers on the subjects of Food and the Nourishment of the Body, in the Lancet, British Medical Journal, Medical Press and Circular, Medical Record, Sanitary Record, Public Health, etc. London: J. & A. Churchill. 1877.

An exhaustive treatise, scholarly and perspicuous.

THE AMERICAN JOURNAL OF OBSTETRICS, OCTOBER, 1880. Edited by Paul F. Mundé, M. D. Published by William Wood & Co., 27 Great Jones St., New York. Price, \$5 a year.

This is one of the great journals of the world, and should be read by every practitioner who has any thing to do with the diseases of women—and who has not? Indeed, were it not for the maladies, real and imaginary, of the softer sex, by what a profusion of idleness would most of us be oppressed!

The Popular Science Monthly for November comes to us as usual full of instructive and interesting matter. We regret to find that it has hired one of its advertising pages to a notorious quack medicine, which has been proved, like most of its kind, to be a great humbug. Alas! and are the scientific journals going to join the preachers in encouraging quackery?

Obituary.

WE have just received the melancholy information that our dear friend Dr. Lewis S. McMurtry, of Danville, has encountered the most crushing calamity that can befall a husband. His rarely beautiful and accomplished young wife, in the full bloom of noble womanhood, died suddenly on the 25th of October. A dozen brief, bright days before she presented him with her first-born, a little daughter.

We have not words to express our grief, nor have we counsel to offer which may give him consolation. We are dumb in the presence of his vast and sudden woe. It seems but yesterday we saw her, a newly-wedded wife, the picture of life and health and happiness, whose future seemed all aglow with deserved happiness. In her presence we thought of these lines as singularly descriptive of her, and in connection with her we shall always remember them:

Eyes not down-dropt nor over-bright, but fed
With the clear-pointed flame of chastity;
Clear, without heat, undying, tended by
Pure vestal thoughts in the translucent fane
Of her still spirit; locks not wide dispread,
Madonna-wise on either side her head;
Sweet lips whereon perpetually did reign
The summer calm of golden charity.

No WOMEN are to be admitted to the International Medical Congress which meets in London next August.

Miscellany.

EARLY RISING.—Of course the majority of the busy members of the community have been “away for change of air and scene,” and, equally of course, the majority have derived substantial benefits—not at the moment apparent perhaps, but to be evidenced in better health or more energy presently. This is therefore a good time to speak of such reforms in the management of self as may be expedient. We venture to suggest that those who have not yet made a fair trial of the practice of early rising should do so. With a cup of tea, and perhaps a single slice of bread-and-butter, to wake him at 6 or 6:30 in the morning, a fairly healthy man may go to his study, and enjoy the priceless luxury of two or three hours of work when his brain is clear and the distractions of the day’s ordinary business have not begun to assail him. The practitioner of an applied science, such as medicine, is especially in need of time for reading and quiet thought. In the active hours of the day this is denied him (*Lancet*). At night he is, or ought to be—but for the bad habit of reading by night, probably formed in student days—too weary in mind and body to do good work. In the early morning, with his brain recuperated by sleep and his whole system rested, he is especially fit for labor. Those who do not feel thus on awaking are either the subjects of some morbid state or the slaves of a habit which, however common, is essentially unnatural. Some of the difficulties which beset the task of early rising are due to want of method in the act of “getting up.” It is comparatively easy to rouse oneself *instantly*, but to not a few of us it is extremely irksome and almost impracticable to *rise slowly*; that is, taking time to think about it. The man who *really* wishes to rise early should get up the instant he wakes; and, if weakly or over forty years of age, instead of plunging into cold water or applying cold to the head to rouse himself, he should, as we have said, take a cup of tea or milk to stimulate the organism before expecting to elicit a reaction by a powerful depressant such as the cold bath or douche! Many persons make a mistake in this matter, and by taking their bath immediately after getting out of bed lower the vitality instead of raising it. In certain cases it is better to leave the bath till after a walk or a spell of work has thoroughly awakened the organism and called out its

energies. Experiences in relation to this and other matters must differ as widely as constitutional peculiarities diverge; but, speaking generally, the early morning is the time for serious work, and those who do not so use it find a poor substitute, and one which is by no means hygienic, in the late hours forced upon them. A man can not get up early if he goes to bed late; but as between the two extremities of the day, the morning is upon all accounts the best for brain-exercise.

AN ANECDOTE OF LATHAM.—Dr. George Johnson, F.R.S., Physician to and Professor of Clinical Medicine at King's College Hospital, in the *Medical Times and Gazette* of October 9th, tells the following: "The late Dr. Latham related the following anecdote to Sir Thomas Watson, from whom I heard it: Dr. Latham, as many of you are aware, was a very eminent, learned, and accomplished physician of St. Bartholomew's Hospital, but he had published more on the diseases of the heart and lungs than upon any other subject. A patient of his, who had recently recovered from some pulmonary affection, one day said to him, 'I feel that as regards my lungs I am quite well, and now I think of going to consult Dr. Watson about my general health.' To which Dr. Latham replied, 'Yes, I see; in your estimation Dr. Watson is an architect, and me, I suppose, you look upon as a bell-hanger.'"

PARIS HOSPITALS.—The Paris correspondent of the *Lancet* says: Now that public attention has been forcibly called to the insanitary condition of the town generally, it would be well if some influential organ would protest against the disgraceful condition of several of the Paris hospitals. The Hôpital Laennec, for instance, is very little better than a *slaughter-house for incurables*. The wards situated upon the ground-floor are especially badly kept. Odors which emanate from the closets impregnate the atmosphere and culminate in an almost insupportable stink. Close to the small dungeon which is used as a speculum-room a few days since I noticed, with surprise, on the clothes of a woman some lively specimens of the *Cimex lectularius*, and on expressing my astonishment to one of the pupils he informed me that the insect has its habitat at Laennec. He furthermore volunteered the statement, which is probably strictly true, that a few months' residence at that institution is sufficient to tuberculize the strongest inmate.

HORSE-RIDING.—That the outside of a horse is the best thing in the world for the inside of a man is a therapeutic dictum frequently ascribed to Lord Palmerston, but probably of much earlier paternity. It is one which evidently finds great acceptance among London doctors, if we may judge from the number of medical men of high degree who may be seen in Rotten Row between 8 and 10 A.M., some of them palpably bent on self-preservation rather than enjoyment, and clearly not adopting the outside place from motives of unfettered choice.—*British Med. Journal*.

[Was it not the great John Hunter who considered horseback-riding the best of all cures, if not indeed an unfailing cure, for consumption?]

GRATITUDE OF PATIENTS.—One of Jean Baudry's aphorisms runs thus (*Med. Times and Gazette*): The gratitude of the patient to his physician! I know that. It is part of the disease. It is declared during the fever, cools down in convalescence, and is cured when health returns.

PRESERVATION OF THE COLORS OF DRIED PLANTS.—M. Stoebl states that this is most effectually done by passing the plant slowly through a solution of one part of salicylic acid in six hundred parts of alcohol, heated to boiling point in an evaporating vessel (*Journal de Pharmacie*). The superfluous liquid is then to be shaken off, and the plant placed between blotting-paper and pressed as usual. The blotting-paper must be frequently renewed, especially at first. Plants so treated dry rapidly, and preserve their natural colors more perfectly than under any other procedure.

THE last sweet thing in words—"dyskinesia"—coined by the gynecologists, shows a sad falling off. It is not sufficiently panphonious. It lacks the tinkling mellifluousness of "kolpokleisis" and its twin brother, "kolpoecpetasis." We implore the soaring spirits who gave to the world a "hystero-tracheloraphy" and a "laparoelytrotomy" not to falter in their good work. Our nomenclature is not yet simplified enough, nor is the Greek dictionary quite exhausted.—*San Francisco Western Lancet*.

THE American Practitioner, edited by Drs. Yandell and Parvin, is certainly the most attractive monthly in this country and carefully and elegantly edited.—*Obstet. Gazette*.

SUICIDES IN LONDON.—The registrar-general's returns show an unusual excess in the recent recorded cases of suicide in London. During the three weeks ending last Saturday no less than thirty-eight cases of suicide were registered in the metropolis, whereas the average number in the corresponding period of the ten years 1870-79, after correction for increase of population, is but seventeen. The London suicides in the past three weeks have therefore been more than twice the average number. Eleven suicides were effected by drowning, nine by cut or stab, eight by poison, six by hanging, only one by gunshot, and in three other cases the mode of suicide was indefinitely described.—*Lancet*.

GOOD MEDICINE FOR THE OLD COUNTRY. A poulterer in Kentucky has begun the shipment of dressed fowls direct to England. With a free supply of Kentucky turkeys and such small deer, together with our bluegrass beef and mutton and our corn-fed pork, which they now get, there is no reason why our cousins across the water may not eventually equal our braves in stature and rival our squaws in beauty. Good food gives good form, if the blood is all right and the air is healthy.

CHARMS.—Stones were up to a recent period of civilization used as amulets, charms, tests, and cures in both mental and bodily ailments. The blood-stone was used to stop blood running from wounds; the jacinth for driving away fever and dropsy; the moon-stone was venerated from its supposed lunar attraction; coral kept off the evil eye; amber was the amulet against insanity, and also cured the ague. But the list is too long for our space. See Rymer, "Fœdera," Vol. I, page 139.—*Med. Times and Gazette*.

ANOTHER death among the medical staff is reported from the Paris Hôpital des Enfants. Like many of his colleagues, the victim in this case, M. Angulo, the house-surgeon, died from diphtheria caught in performing an operation for tracheotomy. M. Angulo was but twenty-five years of age.—*British Med. Journal*.

THE following lines are by Benserade, and thus rendered by Dr. Johnson:

In bed we laugh, in bed we cry;
And born in bed, in bed we die.
The near approach, a bed may show,
Of human bliss to human woe.

TYPHOID IN MILK.—It is stated that the typhoid fever epidemic in Rochdale is increasing, the milk-supply having in all cases been the same. An examination has been instituted, and in a small cottage upon the dairy-farm suspected a family of nine persons was found, with two lodgers, suffering from a severe form of typhoid fever. In addition all kinds of refuse had been thrown upon the ground, and the water which the cattle drank had thus become poisoned.—*Med. Times and Gazette*.

HARD ON LIEBIG'S EXTRACT OF BEEF.—Dogs fed exclusively upon Liebig's extract were found to die sooner than dogs not fed at all. This has been accounted for as due to the deleterious influence of the potash salts of the extract; for although these are indispensable to the economy, a large dose of them is injurious in the absence of the food whose metabolism it is their office to direct.—*Lancet*.

Translations.

[By L. S. Oppenheimer, M. D.]

An Interesting Case of Purpura Hemorrhagica.—Dr. P. Landowski reported to the Association for the Advancement of the Sciences the following case: A young man, in good health, was caught between two omnibuses, and, without being visibly contused, fainted with fright. He afterward went about his business as usual, without complaining of any trouble, except a slight feeling of malaise not considered worthy of serious attention. Seven or eight weeks afterward this man was attacked with purpura, the first plaques appearing upon the velum palati. This purpura rapidly spread over the whole body, and took on a gangrenous form, the patient losing the prepuce, glans, and half the penis. The gangrene would doubtless have become general had it not been for the careful nursing. The case is considered worthy of attention (1) as a case of purpura following a long time after the accident; (2) as a case of gangrenous purpura; (3) as manifesting itself primarily in the buccal cavity. It should be added that the patient has complained of pain in the course of the lumbo-abdominal nerves.—*Le Progrès Méd.*

Symmetrical Neuralgia in Diabetes.—Dr. J. Worms read a paper on this subject before the Académie de Médecine, in which the following points are brought forward: 1. In a great proportion of cases of diabetes mellitus there exists a bilateral symmetrical neuralgia; 2. The dental and sciatic nerves seem to be the favorite points of attack; 3. Ordinary anti-neuralgics (quinine, morphine, the bromides, chloral, etc.) do not affect these neuralgias as they do others; 4. The neuralgia is very severe, and is increased or diminished in proportion as the glycosuria rises or falls.

Epistaxis cured by a Blister.—Dr. Verneuil relates the case of a man whose epistaxis occurred every third day. Sulphate of quinia was given without avail; ergot was administered with no better result; so was digitalis. The patient had been a habitual drinker. The liver was thought perhaps to be "cirrhotic," although no enlargement or tenderness was found in this region. A large fly-blister was applied over the liver, since which time the epistaxis has not returned.

Lowering of the Temperature with Carbolic Acid.—Laving the body with a solution of carbolic acid reduced the temperature in five cases of typhoid fever, and in some cases of variola, pulmonary tuberculosis, and peritonitis.—*Report of Dr. Desplats, in Le Progrès Méd.*

Average Birth-rate in Paris.—From September 10th to September 16th there were nine hundred and seventy-four births in the city. Two hundred and thirty-one of these were illegitimate.

Selections.

No General Treatment for Syphilis before the General Symptoms.—Prof. v. Sigmund called attention (Dr. E. Wigglesworth, in Boston Med. and Surg. Jour.) last year to the vast experience on which he based his dictum, repeated in his article of this year upon syphilis, namely no general symptoms, no general treatment. Mercury, potassic iodide, etc. he considers useless and often harmful if given for treatment of the initial sclerosis before subsequent constitutional manifestations are present. The initial lesion is not healed thereby, the consequences of the infection are not in any way averted, the general health may be impaired. There is no "humanity" in too early treatment. Unity or duality of the virus is by no means a settled question, and there is very often serious difficulty or impossibility in deciding between the simple venereal ulcer and the initial sclerosis of syphilis. The latter, like the former, may disappear without treatment; its consequences always follow. And yet forty per cent of healthy people attacked by syphilis suffer so little subjectively or objectively that neither they nor their physicians necessarily become aware of the existence of the virus in their systems. Too early general specific treatment is a pandering of medical science to lay superstition. By local and general hygienic treatment, however, much is to be gained.

The existence of other general or local venereal diseases must be particularly regarded. Diet is to be considered, and especially is the importance of absolute cleanliness of every part of the person to be borne in mind. Here individual portions of the body liable to be affected later by lesions belonging to the secondary stage, and also individual idiosyncrasies, must not be forgotten. It is rarely sufficient to lay down general rules, *in the foolish hope that the average patient may possess by instinct the knowledge the physician has been years in acquiring*; minute details are to be taught and to be enforced by frequent supervision. This supervision is needful on account of the recklessness, the bad habits already formed, the stupidity, and the helplessness of the patient, and also from the fact that, owing to the privacy insisted

upon, many means of affording relief are excluded, and it is indeed a test of patience, and usually a thankless labor.

These facts show the need of special hospitals for the treatment of syphilitic patients. The parts to be daily inspected and most carefully cleaned are those liable subsequently to erosions, ulcerations, pustules, etc., such as the genitals, anus, vulva and vagina, scalp, mouth, nares, throat, umbilicus, nipples, axillæ, elbows, and knees, and the belly, breast, and back, where the erythema is most liable first to present itself. The neglect of cleanliness of the entrances to the body is often followed by quite serious consequences, to the mouth and throat in particular. Do not allow violent changes from old habits. Gauge the diet by the exertion demanded by the daily life. Business must not be allowed to exhaust the patient. Good ventilation is needed, but no special raising of the temperature of the house. Scrofulosis, tuberculosis, and anemia in youth, in age, and in pregnant women call for special attention.

Complete and Universal Alopecia following Fright.—Total baldness coming on rapidly is usually the result of severe fevers, and is followed by entire restoration to the normal condition (*ibid.*). A case of Frédet is cited, however, which may perhaps be regarded as a unique one. A healthy Italian blonde, aged seventeen, lymphatic, with exceptionally profuse hair, was sewing at her window. Suddenly the floor fell in, leaving her only time to catch hold of the window-frame, where she hung till taken down by means of a ladder. No subsequent loss of consciousness nor nervous excitement through the day. At night headache, chills, and bad dreams. In the morning nervous excitement, weakness at the knees, spasms in the fingers, and great itching of the scalp. The following day she felt better, only the itching of the scalp remaining. But on arranging her hair great tufts came out at the roots, adhering to her comb. In three days not a single hair was left on the scalp. Eyebrows, eyelids, axillæ, and genitals began to lose their hair the day after the falling began from the scalp, and in five days these regions were devoid of hair. General health good and no functional disturbance of any kind. A month after the fall of hair began Frédet was consulted. The fallen hair, destined for a wig, was fine, silky, very rich and long. Not a hair on the body, though a lens was used in the search. Head smooth as a billiard-ball; no more itching, and sensation normal. Physical condition otherwise perfect. Mentally the patient has become despondent, fearing non-recovery of her hair. Two years later, after constant treatment, no return of the hair.

The Subcutaneous Injection of Bicyanide of Mercury.—Güntz has experimented (*ibid.*) upon fifty cases of syphilis with hypodermic injections of bicyanide (not cyanide) of mercury 1.0 gram, aq. dest. 100.0 grams. This must be kept in separate small bottles, as it is decomposed by exposure to the air. It is good as long as it retains its odor of hydrocyanic acid. One gram is injected each time, containing, of course, exactly 0.01 gram of the mercury. This preparation causes less pain than the sublimate. From twenty to fifty injections were needed as the average. Cases treated were in every stage of the disease, had had no treatment, or all treatment had failed, and were kept under observation from three months to two years after "cure." Very marked im-

provement occurred in every case after three to five injections. Only three cases of salivation. Pain was the chief objection to this plan of administration of the drug, which in different cases was therefore employed daily or only every second day. Whenever mercury is indicated and other means fail, Güntz recommends this form of treatment, especially for painful ulcers with crusts, and even for pains in the bones, the suffering being speedily removed.

Prussic Acid and a New Alkaloid in Tobacco-smoke.—Dr. Le Bon terminates with the following conclusions an elaborate paper which he has communicated to the *Journal de Thérapeutique*, September 25th, On the Existence in Tobacco-smoke of Notable Proportions of Prussic Acid, and on the Existence of a New Alkaloid:

1. The principles of tobacco-smoke, which are condensed by cooling in the mouth and lungs or in the apparatus destined to collect them, contain nicotine, carbonate of ammonia, various tarry matters, coloring substances, prussic acid combined with bases, and very odorous and very poisonous aromatic principles (*Medical Times and Gazette*). In the smoke these various substances are found mixed with a large proportion of the vapor of water and of various gaseous compounds, principally the oxide of carbon and carbonic acid.

2. The liquid resulting from the condensation of the preceding substances is endowed with extremely poisonous properties. It suffices to inject very small quantities into the circulatory system of an animal, or to cause it to be respired for some time, to induce death, after the exhibition of various signs of paralysis.

3. The properties of tobacco-smoke, which up to the present time have been attributed solely to nicotine, are also due to prussic acid and to various aromatic principles, especially an alkaloid, *collidine*. This is a liquid body of an agreeable and very penetrating odor, the presence of which had been exhibited in the distillation of various organic matters, but the physiological properties of which were entirely unknown. It contributes in great part to giving its odor to tobacco-smoke, and so penetrating is its perfume that but a single drop suffices to impart a very strong odor to a large quantity of water.

4. Collidine is an alkaloid as poisonous as nicotine. The twentieth part of a drop kills a frog rapidly, producing symptoms of paralysis. Only a few instants' breathing it induces muscular debility and vertigo.

5. It is to the presence of prussic acid and the various aromatic principles that several phenomena are due, such as vertigo, pain in the head, and nausea, which are produced by certain tobaccos either poor in nicotine or destitute of it, while other tobaccos rich in nicotine do not produce any analogous effects.

6. The proportion of prussic acid and aromatic principles contained in tobacco-smoke varies in different tobaccos, those of Havana and the Levant containing the strongest doses.

7. The black semi-fluid matter which condenses in the interior of pipes and cigar-holders contains all the substances enumerated, and especially large quantities of nicotine. It is extraordinarily poisonous, two or three drops sufficing to kill an animal of small size.

8. The combustion of tobacco destroys only a small part of the nicotine which it contains, so that

this is found in great part in the smoke. The proportion susceptible of being absorbed by smokers, and which we have determined in our experiments, varies according to the conditions in which these latter are placed. It is scarcely ever less than fifty centigrams in each hundred grams of tobacco smoked. The quantity of ammonia absorbed at the same time is about equal.

9. Of the different modes of smoking, that in which the amount of nicotine and the various other principles absorbed is greatest is smoking so that the smoke is *respired*; that in which the proportion is least is smoking the narghal or pipe with a long tube in the open air without respiring the smoke.

10. Nicotine kills animals instantly in doses of two or three drops, but in infinitely smaller doses it causes paralysis and death. A frog introduced into a vessel containing an aqueous solution of nicotine at $\frac{1}{200000}$, or about one drop to a liter of water, succumbs in some hours. The same occurs if the frog be placed under a funnel containing a single drop of nicotine in a roll of cotton wool. The vapor disengaged from nicotine while boiling kills animals instantly without leaving them time to move.

11. Tobacco-smoke contains about eight liters of oxide of carbon per hundred grams of tobacco burned. Our experiments prove that it is not to this gas that it owes its poisonous properties.

12. Among the most certain effects which the smoke of tobacco determines in the long run in man may be mentioned *visual* disturbances, *palpitations*, tendency to *vertigo*, and especially *diminution of memory*.

Parasitical Hemoptysis.—Japan presents, apparently, a fruitful field to the pathologist. We lately chronicled the discovery of a new form of endemic fever by Professor Baelz, of Tokio, and now from the same observer comes a description of a new form of hemoptysis of parasitical origin, the symptom of a disease which Baelz proposes to call "gregarinosis pulmonum." The disease is not only undescribed, but it is apparently unknown even to the native practitioners. Its chief symptom is hemoptysis. Individuals who are otherwise healthy cough up bloody sputa either continuously or at intervals for many years. The hemorrhage has no apparent connection with phthisis or any other discoverable lung affection. Beyond the cough and expectoration no morbid symptom, objective or subjective, is to be detected, even after the disease has lasted ten years. The affection appears to be a common one, for Baelz has already met with nineteen cases, twelve in the last year, and it is probable that thousands of Japanese suffer from it. All the cases hitherto seen have been in men, and for the most part between the ages of fifteen and twenty-five years. It is met with throughout the whole of Japan, but seems to be somewhat more frequent in the south. The sputa have a characteristic dirty-red aspect, and are thin. The red color depends solely upon blood. A specific parasite is always to be found in it. This is met with in two forms:

1. As yellowish-brown ovoid bodies of .13 minims long and .07 minims wide. They have a double contour from a translucent wall .02 minims thick, which, in different positions, appears greenish or reddish, and at the larger end is a kind of cover at which the cyst opens. The contents consist of delicate jelly-like material, in which are imbedded three or five aggregations of smaller bodies. The latter consist of (a) spherules about twice the size of a white blood

corpuscle, colorless, with sharp outlines. Around these spherules, and more or less inclosing them, is (*b*) a coarsely granular material scattered through the jelly, and in its molecular movements may often be seen. When the spherules have left the cyst they show for a time the same movements, and then become invested with the granular substance and become motionless. The larger ovoid bodies are clearly psorosperm cysts, and the young spherules seem to be psorosperms similar to those which Waldenburg and Eimer have found in the intestine and liver of the mouse and rabbit. Since these and other observers have ascertained that the bodies we call psorosperms are only a stage in the development of gregarinae, Baelz proposes to call the disease gregarinosis pulmonum, and the parasite gregarina pulmonum, or from its color gregarina fusca. No opportunity has apparently occurred for investigating the pathological anatomy of the disease.

The Forms, Causes, and Treatment of Tinnitus Aurium.—Read in the Subsection of Otology at the Annual Meeting of the British Medical Association in Cork, August, 1879, by W. Douglas Hemming, F.R.C.S. (British Med. Journal):

Of the various forms and kinds of noises the descriptions given by patients are often perplexing and not seldom ludicrous. The account varies with the occupation of the patients and the sounds most familiar to them. Careful consideration and examination of various descriptions given in large numbers of cases show that noises in the ears may be divided into about six classes, which for convenience I will here arrange in tabular form, with the causes producing them in corresponding column, on the lines first laid down by Dr. Woakes:

KIND OF NOISE.	CAUSES.
1. Tidal "to-and-fro" noises, like the sound produced when a shell is held to the ear.	Tobacco; chronic catarrh of the middle ear, ending in undue contraction of intrinsic muscles.
2. Humming or buzzing noises, like the sound of a humming-top, or the buzzing of a bee.	Impacted cerumen, eczema, foreign bodies or parasites in the external meatus.
3. Gurgling or bubbling noises, as of air bubbling through fluid.	Fluid in either (<i>a</i>) the tympanum, or (<i>b</i>) the eustachian tube; the result of catarrh.
4. Rustling or crackling noises.	Deficiency of cerumen; (hairs in the meatus or on the membrane gives sounds like an Æolian harp); acute catarrh in its later stages.
5. Constant, rushing noises, like the falling of water in a cataract.	Venous congestion of the labyrinth.
6. Pulsating noises, often said to be like the beating of a drum; frequently synchronous with the pulse.	(<i>a</i>) Extra-aural causes, anemia, aneurism, etc.; (<i>b</i>) arterial congestion of the labyrinth.

Conium in Cancer.—James Nicholls, F.R.C.S., writes, in the *Lancet* of October 2d:

About a month ago I amputated at our infirmary a very large scirrhus breast in the first stage of ulceration. The extensive wound which was left open (as I have always done of late years) was dressed with a

weak solution of carbolic acid on lint; this was continued for a week. The patient had many symptoms of uterine cancer, and had much vaginal discharge with pain. At the end of a week, having procured a supply of fresh ext. of conium, I put her under three doses a day of fifteen grains each. Within twenty-four hours of beginning the drug the nurse observed that the lint dressing, on removal, was of a bright-green color, in fact the color of the mixture the patient was taking. Thinking it might be connected with the carbolic-acid dressing, we discontinued it and dressed the wound with lint and water only. The dressings came away colored as before, and have continued so up to the present. The wound is closing very rapidly, the color of lint now partaking of a yellow- or apple-green. During the first few days a piece of lint moistened with the mixture and compared with the lint removed from the wound was scarcely distinguishable from the latter, except by the pus. The secretions are unaffected in color or in any way. I may add that the vaginal discharge has ceased, and the uterine pain and symptoms have all but disappeared. Be this the result of the full doses of conium or not, I feel inclined to give this drug a full and fair trial in all cases which may in future come under my care in both internal and external disease in full doses, procuring, of course, fresh extract.

[As may be ascertained on reference to Pereira's *Materia Medica*, the use of conium as a reputed remedy for tumors and cancers is as old as any thing in therapeutics. Pliny says, "it reduces all tumors." Avicenna extolled its use for tumors of the breast and testicle. Storck and others recommended it for cancer as far back as 1762. Bayle recorded forty-six cases of cancerous disease cured and twenty-eight ameliorated by hemlock. There is, therefore, no novelty in the treatment, but many years ago it was common but unhappily unsuccessful.—ED. LANCET.]

Effects of Salicylic Acid on the Temperature.—Prof. Deplat, of Lille, in a paper laid before the Académie de Médecine, arrives at the following conclusions (*Bulletin de l'Académie*, September 7th):

1. Salicylic acid, administered in sufficient doses to the subjects of fever, always has the effect of temporarily reducing the temperature; 2. This temporary reduction may be maintained and increased by the administration of new doses, and by aid of this agent we are enabled to moderate at will the temperature of the sick; 3. Doses of the acid hitherto considered poisonous may be exceeded without danger, patients being able to take for several days in succession eight, ten, or twelve grams; 4. The rectum is the best channel for the introduction of the acid, and each enema should not contain more than two grams. These conclusions are based on five cases of typhoid, one of variola, one of puerperal peritonitis, and several of phthisis. They are also supported by experiments on animals.—*Med. Times and Gazette*.

Erythroxyton Coca in the Opium and Alcohol Habits.—Dr. Bentley reports in the *Therapeutic Gazette* eleven cases of the opium-habit, all but one of which were cured by the use of a pound or two of erythroxyton coca. Three cases of inebrity were also said to be cured. The drug is given in dram doses of the fluid extract, increased if necessary and repeated till some relief from the morbid desire is felt. *Medical Record*.

Singular Freak of an Epidemic of Scarlet Fever.—Dr. T. O. Walker writes, in the *Lancet* of October 9th: Scarlet fever, having broken out in a distant parish of my district, has exhibited a freak hitherto unobserved by me in any former outbreak of such sporadic disease. After having invaded two families—four children in one, and five children and the mother in the other—occupying cottages some distance apart, it appeared in a house in which, remotely located from the other points of its assault, it attacked two more children, aged respectively two and four years. It should be noted that in all the twelve cases the disease was of a most virulent type, concentrating its force upon the throat; and just as these were emerging from the attack under the treatment adopted three older children succumbed to diphtheria in a marked form—one (a girl of twelve) exhibiting a tubular diphtheritic stratum adherent to the fauces and pharynx; and in this case and that of the brother of ten years the throats, when cured of the disease, showed deep and extensive ulcerations, causing the tissues of the walls and pillars of the fauces and velum palati to trail in shreds on the base of the tongue, plainly due to the ravages of the bygone frightful malady. These ulcerations are now almost healed. Although I had known scarlet fever degenerate or tail off, as it were, into diphtheria, I had never before seen it appear in its original phase, as in the present outbreak, in two other families in the same village, and that in the space of a month. Surely this singular alternation of the diseases, coupled with the fact that both are alike amenable to the same treatment, furnishes a strong argument in favor, if not of identity, of the close affinity of the diseases. Of the twelve cases of scarlet fever and the three of diphtheria above alluded to, though most severe, not one has had a fatal termination, most having thoroughly recovered, and the others rapidly approaching recovery.

The Immediate Treatment of Stricture of the Urethra.—Mr. Barnard Holt writes to the *British Med. Journal*: Absence from England prevented my attending the meeting of the British Medical Association at Cambridge, or I should have availed myself of the opportunity of taking part in the discussion upon Sir Henry Thompson's paper on Stricture, and could have given such testimony in favor of the immediate treatment as would have satisfied the most skeptical of the value of the operation and of its security and success. I never have replied to Mr. Teevan's criticisms, and I never intend to do so, simply from the fact that his experience of the operation being limited (as he informed me in a letter some time since) to four cases, I consider he is incompetent to form an opinion as to the value of the operation or its results. Mr. Wood, however, is reported to have stated that he had seen several fatal cases; and I therefore, on my return to London, wrote to that gentleman, asking for the number and the particulars of the cases he alluded to. Mr. Wood, in his reply, informed me that the deaths, two in number, occurred in the practice of his colleagues at King's College Hospital; and, so far as he could remember, they were both operated upon by the late Mr. Partidge. Of one Mr. Wood could not recollect any particulars, but in the other he remembers that the patient was the subject of albuminous urine, and correctly adds, "This, of course, was hardly a proper case for any operation of the kind." I therefore

venture to affirm that, considering the large number of operations that have been and continue to be performed by surgeons at home and abroad, the fact of only two deaths having occurred, one in a patient who should never have been operated upon, speaks volumes in favor of the immediate plan and its eminently satisfactory results. In conclusion, I may add that I am as strongly in favor of the operation as I ever was, and that I have this day operated with the most perfect success on an unpromising and difficult case. At the same time I warn those practitioners who are deficient in the manipulative skill required for the passage of the dilator to refrain from using an instrument with which they are practically unacquainted.

Arsenic in the Brain.—Caillol and Livon have found that by continued use of arsenic it is chiefly found in the brain, where it takes the place of phosphorus, so that the brain contains instead of glycerophosphoric acid glycerio-arsenic acid, and lecithin contains arsenic instead of phosphorus. Hence the natural conclusion that in looking for arsenic in poisoning cases the brain must not be overlooked.—*Druggists Circular*.

Effects of an Exclusive Meat Diet.—Mr. G. F. Masterman writes, in the *Lancet* of October 2d:

The diet of the ganchos of South America consists almost exclusively of meat, and of a kind not containing much fat; they eat occasionally a little maize or roasted mandioc (*Cassava manihot*); but for weeks together they live entirely upon meat, and certainly enjoy excellent health. I do not remember having seen any trace of scurvy among them. But I can give a case more to the point in my personal experience. While I was a prisoner in Paraguay during the Brazilio-Paraguayan war my captors gave me literally no other food during two months than meat (about half a pound to a pound per diem) and water, and for the next month a similar diet, but with less meat, and about thrice a week a very thin cake, certainly not weighing more than an ounce of cassava meal. I suffered much from thirst, for very little water was given to the prisoners, but still more from a craving for vegetable food. Nevertheless my health was excellent the whole of the time. I became, of course, as lean as a starved greyhound; but when I was rescued by the expedition sent by the Government of the United States for that purpose—under the fortunate mistake that I was a subject of the Republic—I was really as well as I had ever been during a singularly healthy life.

As to the effects of beef tea and Liebig's extract, it is much to be regretted that they are still regarded by the public and by a few among ourselves as food instead of stimulants; and I would suggest that their injurious effects when used in the former capacity are due to the fact that their main constituents are the debris of worn-out cells, kreatine, inosité, kreatinine, and urea—excretive matters that the blood would normally have got rid of, and that *beef-tea*, except in the absence of uric acid, *differs but little from healthy urine*. I published some years ago a paper in the *Lancet* giving analytical proof of this.

A Case of the Opium-habit Treated with Coca.—Dr. J. D. Irwin reports in the *St. Louis Clinical Record* of October the cure of the opium-habit in a lady by means of Parke, Davis & Co.'s coca.

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

AMERICAN HEALTH-RESORTS.

The sanitary condition of these caravan-saries, where the mixed multitude called society congregates in the summer-time—nominally for health, but chiefly because leaving home at that season is the fashionable thing to do—has begun to attract the attention of thinking people. The food at these places, as a rule, is abominably and notoriously bad, and that the patient and enduring stomach has so long been made to suffer the discomforts and dangers connected with these unsavory and unwholesome viands is truly remarkable; but the average man, like the donkey, is a submissive animal, and, like the longer-eared brute, is careless as to the character of his provender so long as his appetite is appeased. Gastronomic culture in nations follows intellectual culture. We in America are advancing in the first, but have scarcely yet entered upon this second stage in race-improvement. May it please Providence to hasten on the happy day when our kitchen-art may be worthy of the unequalled abundance and variety and excellence of our table fauna and flora, so to speak. We read about tables groaning from the weight of luxuries heaped upon them. We have never heard any such complaint from the mahogany quadrupeds, but many a human groan has arisen in consequence of the wretched work of the cooks served upon them.

Aside, however, from the diabolical cook-

ery, there are other dangers lurking about these man-traps. In the first place, many of them are prolific ague-beds, where towns-people absorb in the summer enough malaria to furnish them dumb chills, neuralgias, or some form of masked intermittent, during the balance of the year. And, by the way, those pretty little one-story cottages, so cozy and attractive in appearance, are by no means to be trusted, for this malaria is particularly a ground-poison, we all know.

The seaside resorts, where they are in proximity to salt marshes, low damp meadows, or streams in which the salt and the fresh water daily commingle, are no whit better and often are more insalubrious than the inland resorts. Another poison rife in some of these places, and although not so common is more dangerous than the last-named, and is less suspected. It is in the foul air and contaminated drinking-water due to improperly-constructed and injudiciously-located privies. To this cause may be attributed much of the typhoid fever that is encountered among our clients in the fall, when they return from the summer watering-places.

The hygiene of these resorts is a very important matter, especially to the upper million in our country upon whose purses the establishments depend; and this class, by the might of its money, should compel the summer hotel-keepers—as a rule the most selfish, unaccommodating, and supercilious of bipeds—to furnish properly-prepared food, pure air, and wholesome drinking-water to their guests. In the present state of affairs we advise our migratory clients to

take with them a supply of quinine, a reliable water-filter, and a stock of disinfectants when they go to these "health-resorts."

COLORADO.—This much-lauded land does not favorably impress all visitors to it. A friend who took his invalid wife thither, and afterward collected his family about him for the summer, said to us the other day, "Colorado seems to be a healthy country for Indians, asthmatics, and consumptives, but it is awful on well people. All of my little tribe, of five children and adults, had remittent or intermittent fevers there, and I do not think that we could have lived there much longer."

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

To the Editors of the Louisville Medical News:

The dispute at Guy's Hospital has reached an acute phase, and is at the present moment in a stage of crisis, in which it may probably interest you to know the actual details without waiting for the distant solution of the struggle which is going on. In the main, as you are aware, the fight is one which is brought about by the undoubtedly good intentions of the treasurer of Guy's Hospital, Mr. Lushington, to introduce useful reforms into the nursing-system of the hospital. There is little reason to doubt that such reforms were not altogether uncalled for. The sisters, as they are called, of Guy's Hospital—that is to say, the head nurses of the wards—have for many years been, on the whole, an excellent class of women of the old school, trained under the old traditions. Many of them were women of excellent position, good intelligence and education, thoroughly trustworthy and entirely trusted. Some have held sway in their wards for a series of twenty-five or thirty years; others are comparatively young to their duty. Below the rank of sisters are nurses and assistant nurses. The sisters at Guy's Hospital were chosen by the medical superintendent and the matron, usually with some preliminary training elsewhere, and sometimes after training in the wards, and were left, as a

rule, in charge of a particular ward, so that they became thoroughly familiar with the duties of the ward and the position of the surgeon, who felt he could entirely depend on his instructions being carried out without repeating them on every particular occasion; because the sisters and the nurses knew exactly what were the opinions and wishes of each member of the staff, and had grown thoroughly accustomed to perform their duty in a manner satisfactory to their superiors. Upon the other hand, there were no doubt many disadvantages and abuses incidental to a system of nursing in which there was no set dress for the nurses, no unified life, no systematic subordination, and no immediate and constantly-felt control over the sisters and nurses. The result was that there have undoubtedly been numerous scandals among the nurses and students. The nurses, it was alleged, in many instances contracted personal intimacies with the students. It was not unknown that they should meet them at dancing-places out of doors, and generally there was a certain laxity of control which is avoided when the whole of the nursing sisters and subordinates are put under a sort of institutional rule and strict discipline. Where their dress or uniform is so noticeable that they could not without scandal play any of the little outdoor tricks which have often been alleged as being common among hospital nurses where students are freely admitted to the wards. These and other reasons were no doubt influential in Mr. Lushington's mind in bringing to Guy's Hospital a lady who had attained a considerable reputation for skill in administering a nursing establishment at a country hospital, and who was known to be a good disciplinarian, to be thoroughly imbued with the modern ideas of arranging the whole nursing establishment under a very strict and separate *régime*. Miss Burt, however, appears to have carried on her spiriting without due gentleness; and Mr. Lushington, her superior, the treasurer and autocrat of Guy's Hospital, backed her with so much vigor that presently a rebellion broke out. The nurses, to whom a missive had been addressed requiring them to lay aside articles of jewelry, to modify their dress, and at once to sign an undertaking to obey all the orders of Miss Burt, and to be moved from ward to ward at her pleasure, rebelled. These orders were sent to them in writing, open, with the announced penalty of dismissal if not obeyed. The consequence was that half the nurses were driven from the

wards. The medical officers found themselves robbed of the sisters, on whom they most relied and in whom they had the greatest confidence. Moreover, they found sudden and radical revolution introduced without their having been previously consulted. A bitter warfare followed, of which some of the details may be known to you. One of these ladies wrote a savage article in the Nineteenth Century attacking the old *régime* in Guy's Hospital. The medical men retaliated by other severe replies in the same periodical. A paper warfare was carried on in the newspapers, a bitter correspondence ensued with the treasurer. The students also took up the quarrel, and the treasurer was hooted in the quadrangle. Two of the house-surgeons wrote to the Times to explain and justify the proceedings, and were suspended from office. An inquiry was subsequently instituted by the governors, and a gentle admonition was conveyed to Miss Burt as to the necessity of being in all things obedient to the doctors and of proceeding with gentleness. It was nevertheless declared by the governors that they had satisfied themselves that all that had been done by Mr. Lushington was done with a desire to make the hospital-nursing efficient, and that the matron was perfectly ready to submit herself to the orders of the doctors; and that the governors requested the doctors to meet them and to formulate any complaints which they had to make or any requisition which they desired to have carried out. By this time, however, the quarrel had become desperate, and the dismissal of Miss Burt was made a *sine qua non*. The governors refused to dismiss this lady, and the doctors thereon refused to meet the governors. Some further angry letters passed in the name of the staff, in which the staff distinctly refused to send two of their number to a committee, to be formed by the governors, for the purpose of adjusting difficulties, and in which they charge the governors with continuing to carry on a state of things in respect to the nurses which they (the governors) knew as well as the staff to be mischievous to the hospital. This rather unfortunately-worded letter was sent during the vacation, when only a minority of the staff were in town. The governors include men as influential as Lord Coleridge, the senior Lord Justice of England; Lord Colesloe, a prominent servant of the government, better known under his former title of Sir Henry Freemantle; Sir Thomas Dyke Acland; and Sir Henry Gibbs, chair-

man of the Bank of England. Gentlemen holding these positions are apt to deal with a very strong hand with men, however eminent, who hold to them an official subordinate position. It happens that the governors and treasurer of Guy's Hospital are in a peculiarly strong position. They are the trustees of a great charity, having parliamentary powers. They have the absolute power of appointment and dismissal of all officers, from the medical officers and the matron downward; and they have retaliated upon the medical officers by sending this letter calling for the resignation of Dr. Habershon and Mr. Cooper Forster. This step has naturally created excitement here. It is an open declaration of war, and, if carried to the extreme, may, and probably will, lead to the resignation of the whole staff of Guy's Hospital. It is certain that if Dr. Habershon and Mr. Cooper Forster are compelled to resign against their will, in consequence of the indiscreet wording of a letter which they addressed to the governors as representatives of the staff, and with the sanction of so many of the staff as were in London at the time, the whole of the staff will be bound ultimately to solidly associate themselves with their seniors and authorized spokesmen. At the present moment the question is being very seriously discussed whether the whole staff will have to resign, and Guy's Hospital thus be left entirely without a medical staff; and, if so, what shall be the position of the profession in the matter. It may be confessed that the position is an extremely delicate one, and I may say at once, however, that the most eminent members of the profession are, I believe, distinctly of opinion that, if possible, a resignation *en masse* should be avoided. There can be no doubt that there was an error of judgment on the part of those who worded the letter in question, inasmuch as they distinctly impute to the governors the pursuance and persistence of a course which they knew to be mischievous to the hospital. Such an imputation is one which it is always impossible to prove, and one always imprudent to make. It is sure to be resented by every class of men, and especially by such men as the governors in question. In seizing upon that expression, and demanding the resignation of those who signed the letter in virtue of that expression, the governors have at once and very adroitly put themselves in the position in which they have received some of that popular sympathy which up to this present time I may say

has been with the members of the medical staff. It is therefore now for the medical men to retrace that false step and put themselves distinctly and entirely in the right; and this is, we believe, what they will do before the end of the week. I understand that two meetings of the staff have been held during the last two or three days, and ultimately it has been resolved that a letter shall be addressed to the governors of Guy's, signed by the whole staff, containing three resolutions. In the first regret will be expressed that the governors have seen in the sentence of which they complain an imputation against their motive, whereas no such motive was in the minds of those who penned it; but that as it was fairly open to the imputation that has been put on it, it is therefore withdrawn. Having been informed that it is the intention of the governors that two members of the medical staff should attend the committee, and shall form an integral part of that committee, they withdraw their refusal to depute two members to that committee. It is now for the governors to make the next move; and I am inclined to think, under the circumstances, they will withdraw their demand for the resignation of the two senior officers.

The course now pursued seems to be that which is now the best. It is much to be regretted that the staff has made a false move, of which their opponents have not been slow to see the importance and avail themselves. What they now do will, however, repair the fault they committed. I must say that while in some aspects the subject is one of great importance, as it has brought to issue the question of the relative preponderance of medical and lay authority in the royal hospitals, on the other hand it is to be regretted that it has been fought out on a field which is very restricted, and that the battle has been accompanied by so many collateral and angry side-issues. Every one must sympathize with Mr. Lushington in the efforts to improve the nursing system of the hospital, nor does it appear certain that the direction which those efforts took were in any way injudicious. What is certain, however, is that a great want of tact was shown by Miss Burt in carrying out her intended changes; that a great want of temper and tact and discretion was shown by Mr. Lushington upon his part. It is also clear that the staff have allowed themselves to be thrown into a great deal too much letter-writing, and that when they have put pen to paper they have permitted temper to show itself entirely too

strongly in their publications. The government of this hospital is anomalous, and present circumstances show it. The treasurer is usually all-poweful, but he is very often selected without any due consideration of his fitness for the office. The appointment is one nominally unpaid. Practically it is supposed, however, that the large bankers' balance, and the large patronage and important influence which the administration and great status gives, is not altogether to be lost sight of when the question of equivalence of services rendered is considered. So long as the treasurer respected the opinions of the medical staff in matters which concerned the administration of the wards, the government of the hospital in this way has been tolerable, although examples of maladministration and bad appointments have been so frequent at the royal hospitals as in this to call for reform. Such a struggle as this will emphasize the necessity for the reinvestigation of the status of the governors and treasurer, and the mode of control of the royal hospitals; and it is probable that in any future scheme a larger share of power will be given to the medical men in influencing the government of their wards. At St. George's, at St. Mary's, and other London hospitals the medical men sit at the board with their several governors, voting with them, and having equal powers. Every question is then discussed upon equal terms, and whatever the decision is it is for the time accepted without any sore feeling. At the Middlesex Hospital and at University College Hospital the medical staff have a directly authorized personal representation on the governing boards by the members of their body, and here again the arrangement works well. It will be now quite necessary that some provision should be made for the adequate representation of medical men in the councils of Guy's Hospital, St. Bartholomew's Hospital, and St. Thomas's Hospital.

P. S.—Since the above was written the governors have met and have accepted the action of the staff in withdrawing the offensive letter, so that the staff remain at their posts. There will, however, be a sore feeling for a long time to come. Ultimately, it is believed, Mr. Lushington, the treasurer, will resign.

Two cases of death from bathing with a full stomach are reported in the *Swiss Medical Journal*.

Books and Pamphlets.

AN OBSTETRICAL CASE; INTRA-UTERINE AMPUTATIONS. By Walter Coles, M.D., St. Louis. Reprint from Transactions of the St. Louis Medical Society, in St. Louis Med. and Surg. Journal, Sept. 5, 1880.

NAVY DEPARTMENT: BUREAU OF MEDICINE AND SURGERY. Report on Yellow Fever in the U. S. S. Plymouth in 1878-79. Prepared under direction of Philip S. Wales, Surgeon-general U. S. Navy. Washington: Government Printing Office. 1880.

A PRACTICAL TREATISE ON NASAL CATARRH. By Beverly Robinson, A. M., M. D. (Paris), Lecturer on Clinical Medicine at Bellevue Hospital Medical College, New York; Physician to St. Luke's Hospital and Charity Hospital; etc. New York: Wm. Wood & Co., 27 Great Jones Street. 1880.

A MANUAL OF MINOR SURGERY AND BANDAGING. By Christopher Heath, F. R. C. S., Surgeon to University College Hospital, and Home Professor of Clinical Surgery in University College, London; Honorary Fellow of King's College. Sixth edition, revised and enlarged, with one hundred and fifteen illustrations. Philadelphia: Lindsay and Blakiston. 1880.

DISEASES OF THE PHARYNX, LARYNX, AND TRACHEA. By Morel Mackenzie, M.D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest, Lecturer on Diseases of the Throat at the London Hospital Medical College, and Corresponding Member of the Imperial Royal Society of Physicians of Vienna. New York: William Wood & Co., 27 Great Jones Street. 1880.

THE COMPEND OF ANATOMY FOR USE IN THE DISSECTING-ROOM, AND IN PREPARING FOR EXAMINATIONS. By John J. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, Demonstrator of Anatomy in the Philadelphia Dental College, Recorder of the Philadelphia Academy of Surgery, recently Instructor of Surgery in the Jefferson Medical Association, etc. Philadelphia: C. C. Roberts & Co., 118 Arch Street. 1881.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By Frank Hastings Hamilton, A. M., M. D., LL. D., Surgeon to Bellevue Hospital, New York, Consulting Surgeon to Hospital for Ruptured and Cripples, to St. Elizabeth Hospital, etc., author of a treatise on Military Surgery and Hygiene, a Treatise on the Principles and Practice of Surgery, etc. Sixth American edition, revised and improved; illustrated with three hundred and fifty-two woodcuts. Philadelphia: Henry C. Lea's Son & Co. 1880.

ACTS OF THE LEGISLATURE OF LOUISIANA ESTABLISHING AND REGULATING QUARANTINE for the protection of the State; organizing and defining the powers of the Board of Health, and regulating the practice of Medicine, Midwifery, Dentistry, and Pharmacy; also Rules and Regulations of the Board of Health of the State of Louisiana and Health Ordinances of the City of New Orleans, collected and classified in accordance with resolution of the Board of Health of the State of Louisiana, September 2, 1880. By Jos. Jones, M. D., President of the Board of Health of the State of Louisiana. New Orleans: J. S. Rivers, printer, No. 74 Camp Street. 1880.

A TREATISE ON THE PRACTICE OF MEDICINE FOR THE USE OF STUDENTS AND PRACTITIONERS. By Roberts Bartholow, M. A., M. D., LL. D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College of Philadelphia, formerly Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio, Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society, Honorary Member of the Medical and Chirurgical Society of Maryland, of the Ohio State Medical Society, of the Cincinnati Academy of Medicine, of the New York Neurological Society, President of the American Neurological Association, etc., etc. New York: D. Appleton & Co., Nos. 1, 3, and 5 Bond Street. 1880.

A TREATISE ON THE DISEASES OF THE EYE. By J. Soelberg Wells, F. R. C. S., Doctor of Medicine of the University of Edinburgh, Professor of Ophthalmology in King's College, London; Ophthalmic Surgeon to King's College Hospital, Surgeon to Royal London Ophthalmic Hospital, Moorfields. Third American from third English edition, with copious additions. By Charles Stedman Bull, A. M., M. D., Surgeon and Pathologist to the New York Eye and Ear Infirmary, Lecturer on Ophthalmology in the Bellevue Hospital Medical College. Illustrated with two hundred and fifty-four engravings on wood and six colored plates, together with selections from the test-types of Professor E. Jaeger and Professor H. Snellen. Philadelphia: Henry C. Lea's Son & Co. 1880.

Pharmaceutical.

TROMMER'S EXTRACT OF MALT.—Let no physician allow the value of this great constructive medicine, this palatable and potent remedy in cachectic and asthenic conditions, to become obscured in his memory by the ocean of new remedies ever pouring in on the profession. No one who fairly tries it can fail to learn that it is a great boon to the race.

ERGOT IN ASTHMA.—Dr. H. M. McClanahan, of Fort Belknap, Montana, reports, in the College and Clinical Record, two cases of spasmodic asthma cured by half-dram doses of fluid extract of ergot given thrice daily for some weeks. That these doses thus protracted did not derange the stomach is remarkable, according to our experience with this drug in other affections.

PILOCARPIN IN ASTHMA.—Pilocarpin is the latest asthma remedy. One fourth or one third of a grain hypodermically injected, or the same dose by the mouth, daily or oftener, is the method recommended. It should be remembered that it is a powerful heart-depressant and should be watched.

Miscellany.

ARE SUICIDES LUNATICS?—Some authorities are of opinion that all suicides are lunatics; and it appears that a judge in a New York court has, according to the Journal of Mental Science, recently ruled, in an action upon a life-insurance policy, that suicide *per se* was evidence of insanity. On the other hand Hale, by whom it is alleged the comparatively modern word suicide was first used, says (Pleas of the Crown, vol. i, chap. 31) that "*felo de se*, or suicide, is where a man of age and discretion, and *compos mentis*, voluntarily kills himself." Blackstone uses it in the same sense—self-murder (4 Comm.) (British Med. Journal). So far it is clear that in the sense in which Hale and Blackstone use the word suicide no lunatic can commit suicide. Many persons, however, who are well qualified to form an opinion, and among them some mental physicians or "mad-doctors," whose professional habits incline them to the ready detection of latent insanity, are of opinion that among English people suicide is in the large proportion of cases, if not in the majority, committed by sane people. In America the same opinion prevails; and the Hon. Mr. Palmer, in an address to the Medico-Legal Society of New York, declares the opinion that a comparatively small number of suicides in the United States are due to insanity. The reflection that by persistently remaining alive a large capital sum, which would become available when the policy was closed, remains in the hands of alien proprietors, appears to be peculiarly aggravating to the mind of many a Yankee speculator; and instances of extremely artful self-murder by persons insured for various heavy piles of dollars are given by Mr. Palmer, which explain the disbelief in insane suicide prevalent among American insurance companies. The most "barefaced swindle" in the way of self-destruction will, however, it appears, rarely convince an American jury that the gambler has voluntarily crushed his life beneath the die; and juries will often assign the spoils to the surviving family even when the companies are convinced that the man's death was "a grave abuse," for which his heirs ought to suffer.

WATERED MILK.—A farmer in Berkshire pleaded "guilty" at the Marylebone police-court, a few days ago, of having sold milk diluted with water, but he explained that

the water had accidentally got into the milk while the latter was being cooled in a brook. This mode of cooling demands the notice of medical officers of health, for we remember having our attention directed not long ago by a farmer, residing in the same county, to an ingenious arrangement he had made, as he thought, for cooling his milk. He had dammed a brook running through his farm so as to form a pool of sufficient depth to immerse a milk-churn. To a tree above this pool he had fixed pulleys with ropes for readily placing the churn in and raising it from the pool. At the time we were there a full churn was suspended in the pool, with its brim just above the surface of the water. The arrangement appeared to be irreproachable, and did not want an element of the picturesque. The brook ran sparkling and clear beneath banks thickly covered with wood. The pool, also bright and clear, was surrounded by trees, and the murmur of the water above and below filled the air with a pleasant sound. But curiosity prompting us to follow up the course of the brook a few yards, there we found, hidden among the foliage, and placed *across* the stream, the one privy of a populous farmstead! The brook, while it served for cooling the milk, served also for carrying away all that was most revolting of human filth from a numerous household.—*Lancet*.

PARISIAN HYGIENE.—The unhealthiness of Paris has been so marked of late that it has at length enlisted the attention of the authorities, who are carefully looking to the drainage and other matters of civic hygiene (Med. Times and Gazette). Among other reforms the old laws are to be again put in force, not only with regard to the keeping within the city of animals—such as cows, pigs, sheep, etc.—but also domestic pets, as dogs, cats, and birds. The number of dogs and cats in almost every street in Paris is something enormous, and their presence in the living-rooms of the poorer quarters is undoubtedly detrimental to the public health. An inspection is shortly to be made as to the domestic pets of each family, and strict regulations will be made as to how many each house may be allowed to keep.

TALKATIVE men seldom read. This is among the few truths which appear the more strange the more we reflect on them; for what is reading but silent conversation? —*Landor*.

THE PHYSIOLOGY OF WALKING.—M. Marey has applied the graphic method to the investigation of some points in the physiology of walking. Some time ago he devised an apparatus for registering the steps, which he called an "odograph" (*Lancet*, September 25th). It consists of a small cylinder rotating by means of clockwork in its interior, and of a pen which marks on the cylinder, and is raised at each step by an impulse communicated by a ball of air beneath the sole. Observations have been made on a number of young soldiers. It was ascertained that the step is longer in going up hill than in going down hill. It is shorter when a burden is carried; longer with low- than with high-heeled boots; longer when the sole is thick and prolonged a little beyond the foot than when it is short and flexible. It thus appears that the heel may with benefit be almost indefinitely lowered, while it is disadvantageous to prolong the sole of the boot beyond a certain limit, or to give it an absolute rigidity. Some influences which lengthen the step lessen its frequency; so in going up hill the step becomes at the same time longer and less frequent. In walking on level ground the length of the step and its frequency are always proportioned; the quicker the walk the longer the step. M. Marey is inclined to believe that when the steps are lengthened by a change in the boot the recurrence is rendered more frequent.

THE GREAT AND ECCENTRIC CAVENDISH. Last Sunday was the anniversary of the death of Henry Cavendish, one of the most famous chemists Europe has ever produced. On his scientific discoveries it is needless to dwell, but the *Observer* mentions a strange story about his death that is not generally known (*British Med. Jour.*, October 16th). He was a man of singularly shy and retiring habits. He would attend the meetings of the Royal Society; but upon one occasion, being addressed by a stranger, he immediately ordered his carriage and drove home. His banker once called upon him at his private house, and, being refused admission, stated that he came on business of the utmost importance. Admitted, he told Cavendish that there were £80,000 lying idle to his credit, and that the money had better be invested. Cavendish, in a vague and absent manner, answered the senior partner of the largest banking-house in London to this effect: "That is your business, sir, and not mine. Please invest the money and do not trouble

me again." This strange reticence marked his dying hours. Lying in bed, he rang his bell, and said to the valet who answered the summons, "I feel very ill, and am going to die. Come again in half an hour." The servant, with pardonable anxiety, returned before the time appointed. Cavendish, who was still alive and sensible, observed with some severity, "You have disturbed my last moments. You will please return at the time I ordered." The man returned and found Cavendish dead. There is something Napoleonic in such a frame of mind, and it shows us the stuff of which men of science are made. Fortunately for the world at large, we are not all men of science.

THE POPULATION OF THE EARTH.—Boehm and Wagner calculate and show the population of the world to be very near fourteen hundred and fifty-six millions of people, and nearly seventeen millions more than it was at the time of the last issue of their publication, nineteen months ago. It seems rather startling at first sight to hear that the population of the earth is increasing at the rate of *nearly a million persons per month*; but a little consideration shows that this is quite possible, since the rate of increase of population in most countries, of which we have trustworthy statistics, exceeds one per cent per annum. Asia is said to contain considerably more than half the population of the globe, or eight hundred and thirty-five millions; Europe, three hundred and sixteen millions; Africa, two hundred and six millions; America, ninety-five millions; Australia and Polynesia, four millions. Bearing in mind the different areas of the continents, it is evident that America will long be able to absorb, to the advantage of itself and of all other nations, the surplus population of the rest of the world, even if it should exceed twelve millions per annum.—*Lancet*.

SOCIETY A REPUBLIC.—"Society is a republic. When an individual endeavors to lift himself above his fellows he is dragged down by the mass either through ridicule or through calumny. No one shall be more virtuous or intellectually gifted than another. He, however, who through the irresistible force of genius rises above the common herd is certain to be ostracized by a society which pursues him with such merciless derision and detraction that at last he is compelled to retreat into the solitudes of thought."

THE BRAIN OF A MURDERER.—The necropsy of Menesclou, who was recently executed for a horrible crime in Paris, exhibited the following cerebral conditions: The brain, although perfectly formed to all appearances, was sent to the Anthropological Laboratory, and M. Chudzinski, who prepares the specimens, noted that the frontal lobe was the seat of unmistakable cerebral softening, attacking both sides symmetrically, and that the first and second convolutions were affected in a similar manner (*British Med. Jour.*). The first and second temporal convolutions were also softened, but not to the same extent. Both sides of the occipital lobe showed traces of softening; in fact the brain was so much softened that it was difficult to take a cast of it. The arachnoid and the pia mater were very resistant and very dense, as in quadrupeds. The first fold of the occipito-parietal passage was deep, and having a tendency to pouch toward the right; it was normal on the left. Broca has found this malformation in the majority of suicides and in ninety-nine executed criminals, notably in the case of the infamous Prevost. The weight of Menesclou's brain was 1,382 grams—thirty-two grams more than the average weight. It has previously been noted that this excess of weight is somewhat general in those brains of assassins of which it has been practicable to ascertain the weight.

MALARIA IN NEW ENGLAND.—The increase of malarial disease, especially intermittent fever, in New England, is exciting considerable attention (*Med. and Surg. Reporter*). The Massachusetts State Board of Health, with its accustomed zeal and energy, has taken hold of the subject, and has already collected a mass of facts which is astounding, and confirms to the fullest extent the rumors heretofore prevalent. The form of ague near Providence, R. I., is said almost to equal the worst forms in the Southern States.

MORTALITY OF MEDICAL MEN.—Hecker confirms by his statistics a fact indeed already known, that the duration of life among medical men is notably less than the mean (*Aertzl. Intelligenzblatt*). From Escherich's statistics it results that in Bavaria, of one hundred individuals, fifty-three Protestant pastors, forty-one professors, thirty-nine advocates or magistrates, thirty-four Catholic priests, and only twenty-six doctors reach the age of fifty.

A NEW and apparently a most valuable method of preserving raw meat, discovered by Professor Artimini, of Florence, and patented in this country, bids fair to supply a long-felt want and to have an appreciable effect on our markets. According to a report by Professors Barff and Mills, of Glasgow, and Dr. Stevenson, of Guy's Hospital, meat six months old was found to be perfectly sound and good, the muscular fiber unchanged, and the nutritive properties unimpaired (*Med. Times and Gazette*). The material employed is stated to be less expensive than salt, and not only wholesome, but pleasant to the taste.

DR. TANNER CHALLENGED.—In the London sporting newspapers a firm of well-known betting-men in London have been advertising daily for some time an offer to bet Dr. Tanner £1,000 that he would not repeat his "fast" in England under the scrutiny of English physicians.—*Medical Times and Gazette*.

Selections.

Vaso-Motory Paresis of the Brain Cured by the Continued Current.—Dr. R. R. Good, of Paris, France, formerly of Louisville, Ky., reports, in the *Medical Times and Gazette* of October 2d, a remarkable case of this kind in which the muscles of the eye had been paralyzed for four years, and which was completely cured by the galvanic current. The case is of so much practical interest that we give it at length. We wish our cultivated friend would write oftener:

When I first saw Mr. X., in March last, he had been suffering for nearly ten months from passive cerebral congestion. Professor Charcot, who had had the case under treatment, had ordered the cold douche; but as this, after six months' trial, had brought about no amelioration, giving the patient at most only now and then a few hours of better sleep, he was prevailed upon by my friend Dr. Pratt to come and consult me.

I found right pupil enlarged, the vessels of the retina dilated (more marked on right side), the tongue covered with the pathognomonic lines along the edges, the heart's action slightly irregular, the respiration *saccaded*, and the gait denoting, as it were, a sluggishness in the contraction of the flexor muscle of the foot; the patient moreover inclined the head to the left shoulder—the uninjured side—like one suffering from torticollis (he takes this position in order to avoid double vision). The paralyzed muscles of the right eye are the superior oblique and the constrictor of the iris. The chief subjective symptoms of which Mr. X. complained were sleeplessness, loss of memory, intellectual and physical torpor, and inaptitude, diplopia, nausea, want of appetite, difficult digestion,

alternate diarrhea and constipation, and the occasional twitchings of the muscles of the extremities when asleep. As Mr. X. avoided society and was unable to attend to business or enjoy his former occupations of hunting, shooting, and other out-of-door sports, he had been considered simply a dyspeptic and a hypochondriac. Certainly the digestion was far from perfect; but any one familiar with disorders of the nervous system could hardly mistake effect for cause.

Finding upon careful examination that there existed no structural disease to account for this dilatation of the blood-vessels, no affection of the right ventricle of the heart, and no obstruction of any kind to the return circulation, the capillary congestion was evidently due to an idiopathic vaso-motory paresis; and once the diagnosis established, there could be little question as to the remedy to be chosen, the more so as hygiene, cold water, and internal remedies had given no result whatever, viz. the electro-galvanic current applied to the sympathetic nerve and directed especially to the superior cervical ganglion, the governing center of the cephalic nutrition. Thanks to these applications made daily for half an hour at a time, with from sixteen to twenty-four elements, and with frequent interruptions of the circuit, the vaso-motory nerves were stimulated, the capillaries contracted, and the circulation of the brain is today, after scarcely three months' treatment, perfectly normal. Sleep, digestion, vigor, etc. have all returned to a healthy condition, and Mr. X. enjoys life to the utmost; he feels, to use his own expression, "like a boy just out of school." The memory is improved, though not yet perfect; the double vision is lessened, that is to say the two objects are nearer together, and this enables the patient to hold his head now nearly straight.

That the muscles of the eye should have yielded, after having been paralyzed for four years, seems proof evident that the injury here was of a peripheric, not central nature; hence I propose, while continuing to act upon the nutrition of the affected parts by galvanism, also to use the inducted current to exercise the contractions of the paralyzed fibers.

In the beginning I prescribed small doses of digitalis and Indian hemp—the one to assist in contracting the dilated capillaries and regulate the heart's action, the other to lessen the cerebral erethismus and produce sleep—but when after two weeks I found little or no benefit from these substances I discontinued their use, and trusted solely to electricity.

Here then is a clinical observation which corroborates the physiological experiments of the laboratory, and proves that with the galvanic current and through the medium of the cervical portion of the sympathetic nerve the physician can modify or control the circulation of the encephalic mass and membranes, and thereby obtain results which, it is safe to say, no other agent known to us at present can give.

Anthrax.—Quite an important communication was made to a recent meeting of the Académie de Médecine by M. Bouley. M. Toussaint lately announced the discovery of a method of preventing anthrax in sheep. It was proposed to inoculate them with the blood of an animal suffering from the same affection, defibrinated and freed from bacteria by filtration. In order to test the correctness of the statements of the practicability of this method, M. Bouley obtained from the minister of agriculture twenty sheep,

of which sixteen have been inoculated with the defibrinated and purified blood from a case of anthrax (Lancet). Four of these animals immediately died with grave symptoms of anthrax, and the twelve others presented symptoms of illness so severe that it was thought at one time all would die. These results indicate no immunity from the effects of inoculation, but rather an innocuousness of the liquid employed. Successive and minute filtration, heating to 50° C., or the addition of a small quantity of carbolic acid, do not remove all the bacteridia from the blood. They simply lessen their number to a very minute proportion, and if the animals resist the inoculation of blood so treated, it is because the germs of the disease are given in too small a quantity to cause fatal accidents.

The varying resistance of sheep of various races appears to be rather a question of susceptibility to dose than of absolute indifference. Some time ago M. Chauveau found that in inoculating with infected blood a series of sheep there were always some which resisted, while others succumbed. He soon found that the refractory animals were always foreign—from Barbary. He found, however, that an inoculation of blood which would kill one of the indigenous sheep did not leave the foreign sheep unaffected. They presented mild symptoms, such as slight fever, swelling of the lymphatic glands, etc. If the dose of poison was increased these animals also perished. If, however, one of these Barbary sheep was repeatedly inoculated at intervals the effects became slighter and slighter after each inoculation, and the animal ultimately became indifferent to the poison. Moreover, lambs born of ewes which were inoculated in this manner during the latter period of gestation seem to have acquired a greater immunity than that possessed by the ancestor. It is suggested that Barbary sheep, thus rendered secure, should alone be pastured on land in which the germs of the disease abound.

It is important, however, to remember that facts lately ascertained by Dr. Greenfield seem to show that animals very susceptible to the poison may have their susceptibility greatly lessened by inoculation with poison which has been rendered feeble by passage through the system of a rodent. The facts discovered at the Brown Institute that the virulence of the poison can be thus lessened, and that it can thus be employed for successful inoculation, is one of the highest importance.

The disease is attributed popularly to effluvia from the land on which the disease occurs, but its origin seems to have been satisfactorily ascertained by M. Pasteur. He has proved that the germs of the disease—that is, the bacteria—are transported to the surface of the soil by earth-worms. Having collected the excremental dirt thrown out by earth-worms on the surface of the soil in a locality where a cow dead of anthrax had previously been buried six feet deep, he obtained by cultivation a prodigious quantity of bacteria, which, being inoculated, readily produced the malady.

A case of dislocation of the foot backward from a bicycle accident, with reduction and recovery, is reported by Mr. Newnham in the Lancet of October 9th.

A case of strangulated congenital hernia in a child fourteen months old, with operation and recovery, is reported by Dr. William Montague Ball, in the Lancet of October 9th.

Premature Labor Induced by Quinine.—E. Downes, L.R.C.P., Lond., in *The Lancet* of October 16th:

It is sometimes questioned whether quinine does or does not induce labor when given to pregnant women. It is not often necessary to give it in England; but in India, where ague is so common, it often becomes a serious question whether to give it or withhold it in pregnancy. A case has just occurred to me which bears out the idea that quinine does induce labor.

A lady placed herself in my hands. She expected her confinement at the latter part of August. In the middle of July she had bad fever, which, originally of an intermittent kind, showed a tendency to become continuous. I endeavored, with some success at first, to keep off the fever by jaborandi and arseniate of quinine, without giving the sulphate of quinine. The amount of quinine in the arseniate was so small that I did not fear giving it. Nearly a month passed, and the fever was so bad and intractable and she was so weak that I began to fear the consequences both to mother and child; so on the 7th of August I resolved to give quinine. I gave it in five-grain doses, which I ordered three times a day. She took two doses—one in the morning and the second at midday. At about 8 o'clock in the evening, without any warning, the "waters burst," and slight uterine pains came on. They were, however, very slight; so much so that she doubted whether she was in labor at all, until at about 11 o'clock the pains became a little stronger. One or two sharp pains succeeded, and the child's head, followed after a few moments by the body, was born. The placenta came away about half an hour afterward without hemorrhage. The child was very small, and looked as though it had been born a month before its time. A great deal of its skin peeled off, and after a week it became very much jaundiced; but it promises to do well.

There can be little doubt that the moderate doses of quinine which I gave caused the birth of the child, and under the circumstances it was perhaps the best thing that could have happened. But I shall be careful that I do not give quinine to a pregnant woman again unless I feel that I am obliged to do so. In the case which I have recorded I deliberately chose the induction of labor as a less dangerous alternative than the continuance of the fever.

[Quinine, in our judgment, had as much to do with causing the premature expulsion of the fetus as it had with begetting it. We give quinine always for some days before and after delivery, and have done so for six or eight years. Our own experience, fortified by that of several friends in full practice, leaves no doubt in our mind that this practice is an almost absolutely certain means of preventing cracked nipples, abscess of breast, milk-leg, puerperal fever, and the other annoyances and dangers incident to the pregnant and post-parturient state. Whether the quinia acts as an antizymotic or as an antiperiodic, observers may differ in opinion; but a fair trial of full doses of quinia in obstetric practice can not fail to convince any clear-headed practitioner that the statements above made are facts. Quinine is the most frequently efficacious preventive of miscarriage in this climate, and the intermittent-fever poison is the most common source of

this danger, and, barring traumatisms, syphilis is the next most frequent cause. Most of the leading surgeons in the Southern States now give quinine as a preparation for operation and after as a preventive of shock, erysipelas, etc., and with the most positive and potent results. By the way, how remarkable that a physician should consider that one case proved any thing. It is no less remarkable that a great journal should publish such trifling evidence on so important a question.]

The Inunction of Castor Oil as a Purgative. Dr. John McNicoll, L.R.C.P., etc., Ormskirk, writes, in the *British Medical Journal*, October 16th, as follows:

In a case of acute desquamative nephritis in a child five years old, where I wished to act speedily upon the bowels, and had tried to administer the usual purgative powders and draughts (but had failed, owing to the struggles of the child, which neither promises of rewards nor of punishments would subdue), I ordered the inunction, with a warm hand over the abdomen, of one third of an ounce of castor oil. The result was a free action of the bowels five hours afterward, followed by two other movements during the day.

Dr. Ringer, at page 318 of the latest edition of his *Therapeutics*, does not appear quite satisfied as to the possibility of the oil acting in this manner; and having tried and found it so successful, I wish to record the fact, believing that we have in this method a means of purging children (and possibly adults) which must be valuable to those who suffer from the horrible nausea which usually attends the administration of castor oil by the mouth.

[That any one should doubt the possibility of introducing medicines epidermically is marvelous. They have but to try it to be convinced. To children with delicate stomachs this is the best way to give antiperiodics. The remedy should be thoroughly mixed in petrolina, vaseline, or lard.—EDS.]

Trichinosis in France—The *Revue d'Hygiène* of August 15th states that American pork and bacon having been prohibited entry into Italy, Austria, Portugal, Spain, and Prussia, on account of the frequency with which trichinæ are detected in it, large quantities of late have been brought to France, where it meets with a ready sale. Information received from some of the towns in the Département du Nord proves without any doubt that trichinæ have been found in the bacon sold by the small retailers (*Medical Times and Gazette*). It seems that this bacon is frequently submitted to only very short and imperfect cooking, so that there is a great danger of the spread of trichinosis. [The same warning is required in our own country, wherein there is so large consumption of American bacon.]

[If our English cousins and their neighbors will cook their bacon the trichinæ will not hurt them. Trichinosis is rarely seen in this country, though probably most meats contain trichinæ.]

The Forceps.—My experience is that nine tenths of complete ruptures of the perineum are caused by the forceps, says Dr. Goodell.

A Novel Mode of Treatment of Gonorrheal Ophthalmia.—Mr. George Critchett, F.R.C.S., reports in the *Lancet* a case of gonorrheal ophthalmia in which he had recourse to a heroic and novel method of treatment. Owing to the extreme acuteness and severity of the symptoms, the difficulty in separating the lids or exposing the cornea, and the impossibility of getting any solution into contact with the conjunctival surface, he had relinquished all hope of saving the sight, and felt justified in adopting any treatment, however severe, that promised a ray of hope. He passed a small silver director under the upper lid as far as the edge of the orbit, against which he kept it pressed, and then with a small sharp-pointed bistoury completely divided the lid perpendicularly as far as the margin of the eyebrow. In order to more completely uncover the cornea he separated the two angles of the divided tarsus and fixed them with fine sutures to the skin of the eyebrow. The cornea looked steamy but not ulcerated, and was buried in chemosed conjunctiva. The immediate effect of this proceeding was to diminish the redness and swelling of the lids and conjunctival membrane, and completely to expose the surface. The subsequent treatment consisted in painting over the entire surface of the conjunctiva three times daily with a solution of nitrate of silver, thirty grains to the ounce, and frequently cleansing and syringing with a solution of alum, ten grains to the ounce. A piece of linen moistened in this solution was kept constantly applied to the eye. This plan was continued, with gradual abatement of the symptoms, for a month; a weaker solution was then substituted. At the end of six weeks from the commencement of the treatment the eye had recovered with a perfectly bright, healthy cornea. At the termination of another fortnight the child was again placed under the influence of an anesthetic, and the edges of the divided lids were pared and brought together with fine sutures. Good union occurred, the deformity very slight, and the lid perfectly performs its function. In the early part of the treatment the other eye was kept carefully closed with strapping so as to prevent any risk of inoculation.—*Medical Record*.

[This is another striking instance of the strength of living tissues. Despite this most horribly cruel and dangerous treatment, this useless butchery added to the severe disease, nature preserves the sight of the poor little child. God is good to the little ones.]

Trephining of the Skull of a Lunatic after old Head-injury—Complete Recovery.—From the *British Medical Journal* of October 16th we copy this extraordinary and instructive report:

Under the care of Mr. George E. Wherry, surgeon to the hospital, Samuel S., aged thirty-eight, was at work in August, 1878, when a hammer fell six feet on his head. It did not unseat him; but ever afterward he felt the effects of the blow. At first it was as if he had "a cold in his head." In January, 1879, he was ill in bed for many weeks. After this when he tried to work he was soon obliged to leave off, was attacked by giddiness, by thrills up his back, and by tingling and numbness in his legs. He tried again to work in August, 1879, one year after the injury, but had no idea of what he had to do, and could not fix his mind on any thing.

In October, 1879, he came to the hospital complaining of "scrunching" noises in the ears and

dragging pains in the vertex, without rest at night; aching pains in both arms and along the insides of the legs, and cold feet. He was admitted into the medical ward; and it was then observed that, of all the symptoms, the most constant and distinct was the "scrunching" feeling in the vertex; and often he placed his fingers over the stellate and adherent cicatrix which marked the hammer-blow. During the last week in 1879 his symptoms were aggravated; he grew irritable and morose, and talked of suicide. The pupil of the left eye was larger, and he had very little sleep.

On January 1, 1880, he made a most determined attempt at suicide by throwing himself over from the staircase at the top of the hospital. His life was saved by the courage of a probationer, Miss Stockburn; but he succeeded in jumping from a lower staircase, and fell fifteen feet, damaging his left ankle. On the following day he was sent to Fullbourn Lunatic Asylum, under the care of Dr. Bacon. The same symptoms continued which have been before described, including the pain in the head in the region of the scar.

He remained in this condition until Dr. Bacon considered that an exploratory operation was to be advised; and accordingly, on March 12th, Mr. Wherry removed with the trephine a piece of parietal bone at the seat of injury, and found the dura mater beneath of a deep purple color, but apparently healthy. It bulged, with pulsations, into the wound. The portion of skull removed was three quarters of an inch in diameter, and had not been fractured. Bleeding vessels were tied with fine hemp thread. Silver wire sutures and carbolized cotton-wool dressings were applied. Ether was given during the operation. The wound healed rapidly and well, and the patient's condition so improved that he went to work in the carpenter's shop attached to the asylum four weeks after the operation. He was discharged from the asylum on June 28th, and is now (September 16, 1880) at his regular work as a wood-carver, earning a living for his wife and family.

The operation was undertaken with the hope of removing some source of irritation to the brain which might be found in the skull or dura mater beneath the scar. The history of the case, and the symptoms, although they were more general than local, pointed to the lesion as the cause of his lunacy; and although no source of irritation was discovered, the patient recovered rapidly both his bodily and mental powers after the operation of trephining. The reason for this relief to the brain is not easy to explain, but the facts recorded may be of some interest.

The Use of Pure Water in Erecting Buildings.—Dr. Walter Fergus writes, in the *Lancet* of October 9th, and certainly his suggestion is well worthy of consideration: In reading your remarks upon the prosecution of the builders who used earth in place of mortar at Edmonton, it occurred to me to mention how important it is to use pure water in mixing mortar, whether for building or for plastering dwelling-houses. Newly-built houses are notoriously apt to prove any thing but salubrious to the first inmates. Much of this unhealthiness of new houses may be owing to the use of foul and polluted water for making the mortar.

A case of hemianesthesia removed by static electricity is reported by Prof. Ball, of Paris, in the *Lancet* of October 2d.

"Castration for Hysteria."—Under the above title a French journal gives an account of a case which was presented to the Berlin Medical Society some months ago, and which has scarcely attracted the attention in this country which its significance deserves. Dr. Israel presented to the society a young woman twenty-three years of age, cured of severe hysteria by "Battey's operation," of which she bore the cicatrix (*Lancet*). The patient had suffered for some years from obstinate vomiting, accompanied by severe ovarian pains. She became extremely weak and anemic. Many surgeons advised the operation, and she gradually arrived at the conviction that castration was the only remedy for her sad state. The operation was performed under chloroform "with all antiseptic precautions." During the first three days after the operation there was extreme tenderness in the lower part of the abdomen, and the ice was obliged to be constantly applied. At the same time there was retention of urine, which only passed off at the end of twelve days. A week after the operation the vomiting had ceased, and the pain in the ovarian region had disappeared. The patient's cure remained permanent. One detail, however, of this beautiful illustration of the value of "oöphorectomy" remains to be mentioned, and it is not unimportant. The operation was a pretended one. A superficial wound only was made! The result certainly justified the means.

Aconite in Arrested Menses.—I was looking through Phillips's Vegetable Kingdom the other day, and find that he recommends aconite in many of the congestive and inflammatory diseases of women. He finds it especially valuable when there has been sudden and abrupt suppression of the catamenia through a chill or from some similar cause. In these cases he says there is no remedy which acts so readily as aconite in removing the discomfort produced, and in quickly causing the flow to reappear, especially if the patient be kept warm, so as to favor any tendency that may be to perspiration. He finds that a drop of the tincture given every hour in a little water will nearly always restore the discharge in from four to eight hours if it be given within a few hours of the occurrence of the suspension. I have heard many doctors say that they always give nitroglycerin in these cases, and that it acts like a charm. Formerly we had no convenient mode in which to administer this valuable remedy, but since the introduction of the pilules it will probably come into more general use. For such a case as I have described I should give one of the grain $\frac{1}{100}$ pilules every hour, or every alternate hour, until the flow was reestablished.—*From London Cor. in Therap. Gazette.*

Case of Sterility—Excision of Anomalous Membrane—Conception.—E. D. Mapother, M.D., Dublin, in *British Medical Journal*:

In October, 1878, a lady, aged twenty-eight, and married seven years, consulted Dr. Kidd and the author concerning sterility. She was a person of great beauty and large frame, and with full breasts. A symmetrical and evidently congenital membrane was found to cross the vagina at right angles about three inches beyond the myrtiliform caruncles. There was a central circular aperture about two lines in diameter, and a sound passed through it found a cavity about an inch long before the cervix. The front of the membrane being smooth and convex might be

mistaken for this part, save for the very different shape of the opening. At its circumference posteriorly it was thick enough to suggest the possibility of there being a peritoneal inflection. There was no other abnormality, and the patient and her husband had been quite unaware of any. The possible risk above named having been explained, Dr. K. wholly excised the membrane with the aid of the scalpel and the forceps usually employed in paring vesico-vaginal fistulæ. A perfectly normal cervix and os uteri were disclosed. A glass dilator was worn with intervals for five weeks. The lady was now in the last month of pregnancy. The author regretted that he had not searched for muscular tissue, which might have, sphincter-like, excluded spermatozoa. As the aperture in the membrane was above the level of the os, apposition of the meatus with the latter could not occur, and the expulsion of cervical mucus, which probably preceded, and the aspiration which succeeded the ejaculation of semen would be interfered with. Embryology scarcely explained the existence of such a symmetrical partition in a vagina of otherwise normal form, for the hypothesis of the suppression of one Müllerian canal above the other below would be farfetched. While no record of this precise condition existed, cases of double uterus and vagina of the marsupial type, from want of fusion of the Müllerian canals, were pretty frequent. The very dilatable sphincter between the urogenital canal and the vestibule in the monotremes was similar.

Klebs on the Specific Agent of Typhoid Fever.—Professor Klebs, of Prague, believes that he has discovered the micro-organism which constitutes the specific agent of typhoid fever, and develops his views in a paper entitled *Der Ileotyphus eine Schistomy cose*, published in the *Archiv. für Experimentale Pathologie*, t. 12, p. 231, 1880 (*British Medical Journal*). Professor Klebs has for a long time, assisted by his pupils, been making researches in this direction. He writes that he has been able to find, at the necropsy of twenty-four persons carried off by dothineritis, microbes in various organs—in the intestinal mucous membrane, in the thickness of the cartilages of the larynx, in the pia mater, in the foci of lobular pneumonia, in the mesenteric ganglia, in the parenchymata of the liver, and generally diffused in the organs which showed the most decided lesions. These micro-organisms showed themselves in the form of rods about eighty micrometers in length and 0.5 to 0.6 micrometers in thickness. They have been constantly observed in the bodies of dothineritic patients since the attention of Professor Klebs was drawn to the subject, and they are always absent from the organs, and specially the intestines, of subjects who have died from any other disease than typhoid.

Suicide by Prolonged Fasting.—The *Union Médicale* (August 31st, September 2d and 4th), reproduces, under the designation of "the sole authentic instance of suicide by inanition," a paper originally published in 1831 by Dr. Desbarreaux-Bernard, narrating the case of a murderer who died in the prison of Toulouse, in consequence of an abstinence prolonged during sixty-three days, in order to escape public execution. . . He from time to time took a few drops of water, and upon some occasions drank very abundantly of this—the whole quantity which he took during the sixty-three days being approximately calculated at from five to six liters.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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LOUISVILLE, NOVEMBER 13, 1880.

No. 20.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

PUBLIC HEALTH.

The last legislature of Kentucky did two commendable acts which we, in common with the secular press, urged upon them. One was a complete change in the sanitary conduct of the penitentiary; the other, a grant of larger powers to the State Board of Health. The latest mortuary report of the penitentiary gives emphatic confirmation to the general belief that there was something rotten in the old system. The deaths from May 21st to November 1st of this year were only two, while for the corresponding period of 1879 there were thirty. Making every allowance for the effect of possible variations in the weather and other unpreventable causes of disease, a difference of twenty-eight deaths in less than six months illustrates unmistakably the advantage of employing skilled officers directly responsible for the sanitary condition of the convicts. An eminent English writer has said that a well-regulated prison could guarantee its inmates a more perfect immunity from preventable disease than any private dwelling could its free tenant. High walls and a guard at the gate will shut out contagion; intemperance and exposure to bad weather can be made impossible; personal hygiene is obligatory; plain and regular fare, with proper ventilation and warming, are supposed to be secured by the commissioners. The resident physician, Dr. Gober, deserves much praise for this unmistakable evidence of his efficiency. His results compare favor-

ably with those of any other prison in the world.

The work imposed on the State Board of Health is far more difficult. Its authority is but small, and the community, to say the least, is not enthusiastically appreciative. It must save the citizen in spite of his ignorance and indifference. Without straw it is called upon to make the brick for a general shelter from preventable disease. The second annual report is before us. No one can regret the absence of accounts of epidemics such as made up the bulk of the preceding volume. Admirable as they were, we are glad to find that in 1879 there was no occasion for them. In the summary of mortality it is stated that there were 7,947 deaths in 1879, while in 1878 there was a total of 5,043. This rise of fifty per cent is apparent, not real. A little examination shows the reason for this increase. We discover that in 1878 only eighty-nine county assessors sent in their statistics as required by law, while in 1879 there were one hundred and two faithful to this duty. The imperfect nature of these county reports has been frequently adverted to. It is still so obvious that we do not wonder the secretary dismisses them as unworthy serious analysis. It would be profitable, however, to make a comparative study of the two reports by counties, if only to show whether or not there has been any general improvement in the method of gathering facts. A very good sign is the disappearance of the word "unknown" from the causes of death in a number of counties, that in the first report included many deaths under that head.

As a rule, we find nearly twice as many

different causes put down in the last reports, showing not an increase in the number of diseases, but either a more accurate diagnosis by the doctor or a more painstaking statement by the assessor. This is certainly encouraging.

According to the census of 1870, Kentucky had a population of 1,321,000. By the failure of county assessors in collecting statistics of deaths, births, and marriages, one sixth of this number have no official statement of their "vital movements." For twelve counties, most of them old and populous, no record has been made. The blame for leaving out of this report all notice of the people of Clark, Daviess, Fayette, Hardin, Hart, Henry, Jefferson, Mercer, Owen, and Perry counties, which aggregated in 1870 a quarter of a million souls, appears to lie at the doors of their respective assessors. Let the proper officers, including the State Auditor, see to it that this neglect is not repeated. It is the intention of the State Board of Health to ask the physicians of Kentucky to make direct report to them for the ensuing year. This method, imitated from the National Census Bureau, is worth a trial. It will have a stimulating effect upon the doctors as well as on the county assessors. The former will be brought into immediate correspondence with the secretary; the latter will find that there is "a chiel among them takin' notes, and faith he'll print 'em."

The Board of Health has wisely reserved a large part of its annual appropriation for the work of organizing the local boards in the counties. They have a very important part to play in educating the people to a proper appreciation of sanitary laws. To them the people should look for instruction and protection; to them the state looks for the execution of its laws. They should have regular times of meeting, and monthly reports should be sent to the secretary, Dr. Speed, of public nuisances, of epidemics, of the first appearance of contagious and infectious diseases.

Slowly but surely the central office can in

this way establish a network of communicating lines, and in ten years, if not sooner, show, by diminishing bills of mortality, that the first duty of the state in protecting the lives of its citizens has not been neglected.

OBITUARY.—Dr. Edward Seguin, of New York, founder of the first school for idiots in this country, and president of the American Association of Medical Officers having charge of the education of idiots, died, 28th of October, in the sixty-ninth year of his age. Dr. Seguin was one of our most earnest and useful men. He was a charming companion and a pure scientist. He came to this country from France many years ago.

Correspondence.

To the Editors of the Louisville Medical News:

In an editorial on Nitrous Oxide, No. 17 (October 23d) of your journal, you "indorse" a quotation from Dr. Reeve's paper on the same subject in Hay's journal, that we think does great injustice to an honorable branch of the medical fraternity—the specialty of dentistry. After quoting from the statistics of the Colton Dental Association, you go on to say:

We don't know exactly how trustworthy these statistics are. As the morals of the trade go, a tooth-pulling stock company might throw in a few thousands more or less of safe results without exciting remark; but the probabilities are nevertheless that nitrous oxide is safe, very safe, for its purposes. Dr. Kappeler records only three fatal cases, and Turnbull four. We remember just now but a single death having been credited to this agent in Louisville—ten or eleven years ago. As to "unpleasant symptoms" not accompanying the use of the agent, it strikes us greatly as a matter of taste, so far as appearances go; for we may swear that one will see far more pleasant sights than a patient under nitrous oxide. The affair is quickly over, however, and we can fully indorse every word that Dr. Reeve says about it: "Especially adapted as is nitrous oxide for dental operations, and safe as it has been shown to be, *the administration of any other anesthetic by a dentist should be considered criminal.*"

We suppose the dental profession ought to be profoundly grateful for Dr. Reeve's generosity, and yours also, Messrs. Editors, as you heartily "indorse" his sentiments. As a member of that fraternity, and as one

governed by the "morals of that trade," we recognize and appreciate your justice in leaving us the free use of that one anesthetic, inasmuch as Dr. Horace Wells, of Hartford, Conn., a dentist, was its discoverer. Many individuals and some corporations of no mean pretensions have gone so far as to assert the belief that to this man is due also the credit and honor of introducing ether as an anesthetic. The city of Hartford and the state of Connecticut have asserted it as strongly as monumental marble can speak it. In 1870 the legislature of Connecticut appropriated five thousand dollars and the city of Hartford ten thousand dollars for the purpose of erecting a monument to his memory.

The American Dental Association in 1864 passed resolutions declaring, among other things, "that to Horace Wells, of Hartford, Conn. (now deceased), belongs the credit and honor of the introduction of anesthesia in the United States of America."* In 1872 the American Dental Association indorsed an effort then being made by dental and medical practitioners to provide a "Wells testimonial fund" for the benefit of his family. In 1874 the dentists of London, England, forwarded to Mrs. Wells, with a sum of money, an elegantly engrossed testimonial to the merits of her former husband, "to whom the world is indebted not only for the introduction of nitrous oxide as an anesthetic, but also for giving that impetus to the study of anesthesia which has resulted in the introduction of ether, chloroform, and various other agents for effecting that object."

We should like extremely to rehearse, for the benefit of some of your readers, some of the history of anesthesia, but time and space narrow us down to a mere statement of salient facts.†

Horace Wells used nitrous oxide gas as an anesthetic as early as September, 1844, and the record shows that he employed sulphuric ether in a like manner the following year, 1845.†

It was not until 1846 that his unprincipled student, Wm. T. G. Morton, then practicing dentistry in Boston, and his former friend, the chemist, C. T. Jackson, of Boston, jointly applied for letters-patent, and attempted not only to rob him of the honor but the emoluments of his discovery. "At the first session of the Thirty-second Congress (December, 1851) Morton presented a memorial to the House asserting his claims

to the discovery of anesthesia, and praying for an appropriation in his behalf."* Jackson appeared before the committee to which this was referred, as a rival claimant. Congress had nearly rewarded their prayers at one time with an appropriation of one hundred thousand dollars, but the thing fell through finally, and the effort to obtain governmental reward was at last abandoned. These unprincipled men did obtain from various medical societies, individuals, and institutions an aggregate sum of one hundred and twenty-five thousand dollars. Meanwhile Wells died in comparative obscurity, leaving his family almost penniless.

In all the annals of medicine there is recorded no grander achievement than this which has given to suffering humanity painless surgery. If the thing did not originate in the specialty of dentistry, history has on its pages one most enormous lie, and the world has been greatly deceived. We don't claim any thing more for dentistry than the record shows, but we think—and we beg pardon, Messrs. Editors, if we must dissent from your opinion and that of Dr. Reeve—we think that well-informed dentists may use any anesthetic they like without laying themselves liable to criminal indictment, provided the patient recovers all right. We have many times committed this heinous offense, if criminal it be, and expect to do so often in future.

L. G. NOEL.

LOUISVILLE.

AXILLA LACTATION.

To the Editors of the Louisville Medical News:

Judging from the name of your journal I suppose you want all the medical news you can get; and as I have a patient anatomically and physiologically peculiar, I wish to report the case.

I delivered a black woman in this city of her first child one month ago. A few days after the birth of the child she sent me word that milk was running out from under her arm and down her side. I went to see her, and found that it was really axilla lactation. I went to see her again this morning to make a full investigation of the case. There is a milk-gland in the right axilla, but no nipple. The gland is about an inch and a half in diameter. When pressed between the fingers pure milk flows out through a small aperture. Her mammary glands are large and furnish a free flow of milk.

S. F. SMITH, M.D.

FRANKFORT, KY.

* Dental Cosmos, vol. 6, p. 85.

† History of American Dentistry, p. 88.

* History of American Dentistry.

[This case presents a curious freak of nature. Supernumerary mammæ are encountered now and then, and we know a little girl with double nipples. Cases are on record where four and even more breasts have been observed on the same female.—EDS.]

Reviews.

A Practical Treatise on Fractures and Dislocations. By FRANK H. HAMILTON, A.M., M.D., LL.D., Surgeon to Bellevue Hospital, New York; Consulting Surgeon to Hospital for Ruptured and Cripples, to St. Elizabeth Hospital, etc.; author of a treatise on Military Surgery and Hygiene, a Treatise on the Principles and Practice of Surgery, etc. Sixth American edition, revised and improved. Illustrated with three hundred and fifty-two woodcuts. Philadelphia: Henry C. Lea's Son & Co. 1880.

Dr. Frank Hamilton is one of the best-known American surgeons. He is a man of untiring energy, of unlimited industry, of strong convictions, of exalted integrity, and of great ability. On many points in surgery his views are warmly opposed by other eminent surgeons; but that he has no small following is evinced by the fact that his work has reached its sixth edition, the treatise having now been before the profession twenty years. The present edition, besides being thoroughly revised, contains much new and valuable matter. We shall further notice this volume at an early day.

Diseases of the Pharynx, Larynx, and Trachea. By MOREL MACKENZIE, M.D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest, Lecturer on Diseases of the Throat at the London Hospital Medical College, and Corresponding Member of the Imperial Royal Society of Physicians, Vienna. New York: William Wood & Co., 27 Great Jones St. 1880.

Dr. Mackenzie is a man of the clearest and strongest mind, of immense experience, of the highest professional standing in the world's great center of medical learning, and has given us a work complete in every respect; indeed as perfect as a book can well be. Certainly it must be a long time ere any other throat-doctor writes a work on the diseases of the pharynx, larynx, and trachea because he believes he can "fill a want long felt." It is destined to be the great text-book on the subjects of which it treats. It belongs to Wood's popular Library of Standard Medical Authors.

A Treatise on the Diseases of the Eye. By J. SOELBERG WELLS, F.R.C.S., Doctor of Medicine of the University of Edinburgh, Professor of Ophthalmology in King's College, London; Ophthalmic Surgeon to King's College Hospital; Surgeon to the Royal London Ophthalmic Hospital, Moorfields. Third American from third English edition, with copious additions. By CHAS. STEDMAN BULL, A.M., M.D., Surgeon and Pathologist to the New York Eye and Ear Infirmary, Lecturer on Ophthalmology in Bellevue Hospital Medical College. Illustrated with two hundred and fifty-four engravings on wood and six colored plates, together with selections from the test-types of Professor E. Jaeger and Professor H. Snellen. Philadelphia: Henry C. Lea's Son & Co. 1880.

This new edition of Dr. Wells's great work on the eye will be welcomed by the profession at large as well as by the oculists. It contains much new matter relating to treatment and pathology, and is brought thoroughly up with the present status of ophthalmology. Its chapter on refraction and accommodation—a subject much discussed of late years, and of great importance—is exceedingly complete.

A Treatise on the Practice of Medicine for the Use of Students and Practitioners. By ROBERTS BARTHOLOW, M.A., M.D., LL.D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College of Philadelphia; formerly Professor of Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society; Honorary Member of the Medical and Chirurgical Society of Maryland, of the Ohio State Medical Society, of the Cincinnati Academy of Medicine, of the New York Neurological Society; President of the American Neurological Association, etc. New York: D. Appleton & Co., Nos. 1, 3, and 5 Bond Street. 1880.

Br. Bartholow's book has received almost universal and unqualified praise from the medical press, and is sure of great popularity with the profession, as the author is a man of note, believes in the germ theory now regnant in the medical mind; belongs emphatically to the physiological school which is today in the ascendant; and because the work, while commendably concise, is in the clearest and best English; and, although not in the least ornate, is peculiarly attractive to the quick and busy medical mind of the day. The author is a strong believer in the efficacy of medicines, and in this we agree with him, although we do not draw our faith from the same source. Dr. Bartholow's Practice of Medicine will greatly augment his already widely-extended fame in this country and in Europe.

The Compend of Anatomy for Use in the Dissecting-room, and in Preparing for Examinations. By JOHN J. ROBERTS, A. M., M. D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, Demonstrator of Anatomy in the Philadelphia Dental College, Recorder of the Philadelphia Academy of Surgery, recently Instructor of Surgery in the Jefferson Medical Association, etc. Philadelphia: C. C. Roberts & Co., 118 Arch Street. 1881.

This diminutive handbook is what its name indicates. The author says, in his preface, "It is a concise statement of what is deemed essential to the student in following the lectures of myself or other teachers of human anatomy." Again he says, "My own students will recognize in the presentation of many subjects much that is familiar to them in my annual courses of lectures," etc. No doubt the author's students of the past will purchase the Compend as a pleasant and useful reminder, and those of the future must do so, as it is "deemed essential."

Navy Department: Bureau of Medicine and Surgery. REPORT ON YELLOW FEVER ON THE U. S. S. PLYMOUTH IN 1878-79. Prepared under direction of PHILIP S. WALES, Surgeon-general U. S. Navy. Washington: Government Printing-office. 1880.

We thank the distinguished author for the copy of this interesting and valuable report which he has sent us. All persons interested in state medicine will read it with profit. It is handsomely printed and illustrated, and is exceedingly well written.

Index-Catalogue of the Library of the Surgeon-general's Office, United States Army: AUTHORS AND SUBJECTS. Vol. I. A. BERLINSKI. With a list of abbreviations of titles of periodicals indexed. Washington: Government Printing-office. 1880.

Too much praise can not be given Dr. Billings for the excellent and enormous labor he has accomplished in perfecting this great and useful work. He deserves the gratitude of his professional brethren of the present and of the future.

The Physician's Visiting-list for 1881. Thirtieth year of its publication. Philadelphia: Lindsay & Blakiston. Sold by all booksellers and druggists. For sale by John P. Morton & Co., Louisville.

No better visiting-list has ever been devised. Indeed, to our taste it is superior to all others.

A Practical Treatise on Nasal Catarrh. By BEVERLY ROBINSON, A. M., M. D. (Paris), Lecturer on Clinical Medicine at Bellevue Hospital Medical College, New York; Physician to St. Luke's Hospital and Charity Hospital; etc. New York: Wm. Wood & Co., 27 Great Jones Street. 1880.

Dr. Beverly Robinson is well and favorably known to the members of the profession who are familiar with medical-journal literature. A gentleman of ability, culture, and experience, his work reflects the mind of its author. It is a "succinct though complete account of personal experience and convictions," and it will, the author hopes, prove a valuable and practical guide to others.

A Manual of Minor Surgery and Bandaging. By CHRISTOPHER HEATH, F.R.C.S., Surgeon to University College Hospital, and Home Professor of Clinical Surgery in University College, London; Honorary Fellow of King's College. Sixth edition, revised and enlarged, with one hundred and fifteen illustrations. Philadelphia: Lindsay & Blakiston. 1880.

Mr. Heath's work is always admirable, and that he is compelled to bring out a sixth edition of this little book shows to how great an extent it is appreciated. This manual is especially intended for students and young practitioners, but it is worthy a place in the library of every doctor who does any surgery.

Books and Pamphlets.

THE RELATIONS OF THE PLACENTA TO POST-PARTUM HEMORRHAGE. By Walter Coles, M. D., Consulting Physician to St. Ann's Lying-in Asylum, St. Louis. Read before the St. Louis Medical Society, March 5, 1880. Reprint from the St. Louis Medical and Surgical Journal, March 5, 1880.

LATERAL LITHOTOMY, WITH THE SUCCESSFUL REMOVAL OF A CALCULUS AND SEVEN PIECES OF NECROSSED BONE FROM THE BLADDER OF AN INDIAN SCOUT, NINETEEN MONTHS AFTER THE RECEPTION OF A GUNSHOT WOUND. By J. M. Banister, A. B., M. D., Assistant Surgeon U. S. Army; Post-Surgeon, Ft. Reno, Indian Territory. Extract from the American Journal of the Medical Sciences for October, 1880.

SURGICAL TREATMENT OF NASO-PHARYNGEAL CATARRH. By D. H. Goodwillie, M. D., D. D. S., New York City, late Clinical Assistant to the Metropolitan Throat Hospital; Permanent Member of the American Medical Association; Member of the New York Neurological Society, of the Medical Society of the County of New York, etc. First edition. Read before the American Medical Association. Reprint from the Medical Gazette, July 31, 1880.

A CONTRIBUTION TO THE RELATIVE VALUE OF THE DIFFERENT OPERATIONS FOR DELIVERY IN NARROW PELVES, WITH THE HISTORY OF EIGHTEEN CASES. By Aug. F. Erich, M.D., Professor of Diseases of Women, College of Physicians and Surgeons, Baltimore; Surgeon in Charge of the Maryland Woman's Hospital, etc., Baltimore, Md. Reprint from the Maryland Medical Journal for October 1 and 15, 1880.

TREATMENT OF POST-PARTUM HEMORRHAGE. By Geo. J. Engelmann, M.D., Fellow of the American Gynecological Society; Fellow of the London Obstetrical Society; Corresponding Fellow of the Philadelphia Obstetrical Society; Consulting Surgeon to St. Louis Female Hospital, to St. Anne's Lying in Asylum, etc. Reprint from the Transactions of the Southern Illinois Medical Association, held at Cairo, Ill., January 22, 1880.

THE DANGERS INCIDENT TO THE SIMPLEST UTERINE MANIPULATIONS AND OPERATIONS. George J. Engelmann, M.D., St. Louis. Reprint from Transactions of the Missouri State Medical Society, 1880.

TIME OF CONCEPTION AND DURATION OF PREGNANCY. By Geo. J. Engelmann, M.D., St. Louis.

Pharmaceutical.

THE granular and effervescent preparations of Keasbey & Mattison—for sale by John Colgan, of this city—are elegant, efficient, and excellent in every way.

THE compressed tablets of chlorate of potash, citrates of iron, quinia, strychnia, etc. of Wyeth & Bro. we have found delightful forms of medicine.

BAKER'S EMULSION we have found the most palatable form of cod-liver oil. It is pleasant and potent.

THE bisulphate of quinine, made by McKesson & Robbins, we heartily commend to the profession.

Miscellany.

WHAT IS A COLD BATH?—The season of the year when very many people who have experienced pleasure and advantage from a daily cold bath have to discontinue the practice is come (*Lancet*, October 23d). Months will pass before the return of genial weather will allow of their indulgence in what may be termed man's natural stimulant. Among the young and robust there are a large number who are able to bathe even in the depths of winter. The advantage of so doing is,

however, questionable. But let it be once well understood what a cold bath really is, and the course by which we can avoid Scylla and Charybdis will be obvious. A cold bath is not necessarily a bath in water of the temperature of the atmosphere. A bath is truly and really cold when it produces a certain physiological effect—a slight momentary shock followed by pleasant and lasting reaction. These effects are, for the majority of people, most pleasantly obtained by bathing in water about thirty-five to forty degrees below the temperature of the body—the usual temperature of unheated water in June and July. Bearing this in mind, we can enjoy our physiological “cold” bath as safely and pleasantly at Christmas as at midsummer, and there is no necessity for the most timid or weakly to discontinue his morning-tub because the summer weather is over. When the water sinks below a temperature of sixty degrees, let it be heated to that point and then used, and we shall still have our “cold” bath, though of heated water. The daily stimulant effect of such a bath is so beneficial to the great majority of persons, and is of such marked service in maintaining health, that it is very important to have it widely known that a cold bath may be taken all the year round provided cold is not mistaken to mean “at the temperature of the outer air.” To heat our bath during the winter months is too often thought to be unmanly, while in reality it is truly scientific; and to bathe in unheated water all the year round, whatever the temperature that water may be, is to prove oneself an ignorant slave of outward circumstances.

LISTERISM AND OVARIOTOMY.—We copy part of a pungent editorial from the *Louisville Medical News*, and can heartily indorse the sentiments expressed by its editors.—*Medical Record*.

[As our readers know, we regard Listerism as a baseless absurdity which will not outlive the century. Already in New York it is losing ground, the *Medical Record* says. It is a capital placebo, and by the faith that it inspires in the patients, who have been told of its marvelous potency, it does good. Where the carbolic acid is sufficiently abundant it may do good by glazing the cut surfaces with a thin coagulum, and thus protecting them from the irritant action of air and water—but this is all.]

THE ETIOLOGY OF TYPHOID FEVER.—We hear from numerous sources of a quite unusual number of outbreaks of typhoid fever in various parts of the country. The outbreaks are reported as mostly occurring in small rural communities whose system of excrement disposal is by pit-privies, and whose water-supply is derived from wells dug in the vicinity of the houses and therefore of the privies. There is usually no history of any previous case before the outbreak begins; and unless the latter is to be accounted for on the pythogenic theory, which does not receive general acceptance, the reason for the outbursts which seem so common at this time of year must be found elsewhere. The most natural explanation would seem to be that which rests upon the presence of old germs of the disease lying latent in the soil. A prolonged drought such as was experienced this summer dries the subsoil and sinks considerably the level of the water in the wells. A heavy rainfall comes, which, in rapidly filling the wells, percolates quickly through the dry subsoil, and carries with it unaltered those germs which under the ordinary condition of things would pass so slowly through the soil as to be oxidized and made innocuous before they reach the well. So many outbreaks have occurred and are occurring, for the origin of which the only rational method of accounting is to be found in some such explanation as this, that it seems important to insist upon the vitality of disease-germs, and to warn investigators that they must not too readily accept the *de novo* theory because no recent previous case can be discovered to account for the appearance of the disease.—*British Med. Journal*.

HUMOROUS PHYSIOLOGY.—A report on the examination of girls in board schools, for the prizes offered by the National Health Society, was recently presented to the London School Board (London Globe). One girl says, "The chyle flows up the middle of the backbone and reaches the heart, where it meets the oxygen and is purified." Another says, "The work of the heart is to repair the different organs in about half a minute." Another says, "We have an upper and a lower skin; the lower skin moves at its will, and the upper skin moves when we do." In many of the papers errors in spelling are very numerous. One child says, "The heart is a *comical*-shaped bag." Another says, "The upper skin is called *eppe-derby*, and the lower skin is called *derby*." Another says the organs of digestion are

"stomach, *utensils*, liver, spleen." Another speaks of the "*elementry cannal*." Another says digestion is reducing our food into a "*plump*." Another says that in the heart "there is a fleshy *petition*, and it is divided into four parts, called the left *artilary*, the right *artilary*, etc." Of the simple word "*chew*" the inspector noted three distinct variations. One girl says, "First we put the food in our mouth; then it is *shewed*; some people say our food is *shewed* twenty-seven times." Another says, "The process of indigestion is that when we do not *eschew* our food enough it gives us indigestion." "The loss of teeth is a serious matter, as we can not *schew* our food enough." Another says, "First, before we can swallow any food it *as* to be *jewed*, and *their* is a substance which helps to *jew* it called saliva, and in that saliva *their* is a substance called ptyalin."

SOURCES OF FAT.—Liebig was the first to definitely announce the theory which refers the fat genesis to the carbo-hydrates in the food. The view was generally adopted by chemists and physiologists. In 1865, at a meeting of agricultural chemists held in Munich, Voit announced the theory, based on experiments with Pettenkofer's respiration apparatus, that the true source of fat was to be found in the nitrogenous foods. Mr. Lowes and Dr. Gilbert, of the agricultural station at Rothenestead, afterward undertook an extensive series of experiments to show that it would be impossible for all the fat to be produced from the nitrogenous foods, which seem definitely to prove that at least a large portion of fat must be derived from the carbo-hydrates in the food. The results of practical feeding also show the same. Dr. Gilbert, in his late address as president of the chemical section of the British Association, summarizes the results of experiments up to the present time. Wolff, Henneberg, Kern, and Wattenberg, among chemists, agree with Gilbert that the carbo-hydrates play a most important part in fat production. On the other hand, Voit is still followed by many physiologists in ascribing fat production solely to nitrogenous foods. From the mass and kind of testimony Gilbert has adduced, it must be admitted that the old theory of Liebig is best supported by the facts.—*Chicago Medical Review*.

THE Tri-State Medical Society of Illinois, Indiana, and Kentucky closed its session at Louisville on the 12th inst.

THE GODFATHER OF THE BACTERIA IN DANGER.—The Paris correspondent of the *Lancet* writes: An unpleasant incident occurred at the last meeting but one of the Academy of Medicine. After a speech from M. Jules Guérin, in which that gentleman objected, both as a savant and as a ratepayer, to the government grant awarded to M. Pasteur, the latter replied in a violent manner, and in a tone which was supposed by M. Guérin to impugn his scientific honor. The most objectionable phrase was as follows: "When in the name of clinical principles a man has proposed to aspire pus to the surface of wounds by means of an india-rubber cap, some tubes, and a pneumatic pump, he is capable of any thing (*on est capable de toutes les audaces*), and finds the careful and correct experimenter, who will not announce his method to the world before being able to demonstrate it, singularly simple. This is a question of scientific honor. I shall not risk compromising mine by too hasty publication for the satisfaction of gratifying the indiscreet and unhealthy curiosity of M. Guérin." M. Guérin was anxious to reply, but on the motion of Baron Larrey the sitting was immediately adjourned. What followed is not published in the official bulletin of the Academy, but may be described as a "row" between the two savants. After making a vain attempt to "go for" M. Pasteur, and unrestrainedly expressing his opinion about his colleague's veracity, M. Guérin retired. The following day brought his resignation as a member of the Academy of Medicine and negotiations for a "meeting." M. Pasteur then placed himself in the hands of two friends, and by their intervention the matter has been arranged satisfactorily. At the last meeting a pacific letter was read from M. Pasteur, and it was announced that M. Guérin had withdrawn his resignation.

WHY WE EAT OYSTERS RAW.—Dr. Wm. Roberts, in his interesting lectures on the digestive ferments, states that our practice in regard to the oyster is quite exceptional, and furnishes a striking example of the general correctness of the popular judgment on dietetic questions (*London Med. Record*). The oyster is almost the only animal substance which we eat habitually, and by preference, in the raw or uncooked state; and it is interesting to know that there is a sound physiological reason at the bottom of this preference. The fawn-colored mass which constitutes the dainty of the oyster is its

liver, and this is little else than a heap of *glycogen*. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment, the *hepatic diastase*. The mere crushing of the bodies together, and the glycogen is at once digested without other help by its diastase. The oyster in the uncooked state, or merely warmed, is in fact self-digestive. But the advantage of this provision is wholly lost by cooking; for the heat employed immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.

[The true reason is, because they are good to eat raw. In Germany ham and sausages are habitually eaten raw, as are dried venison and beef every where. Are glycogen and hepatic diastase found in these foods? *Trichinæ* and tapeworm's eggs are! Do these creatures perform the office of the glycogen and hepatic diastase?]

SALESWOMEN.—The four representative dry-goods houses in Philadelphia, employing from one hundred and fifty to two hundred women each, as clerks, and a large number of smaller establishments, now provide seats for their saleswomen when not engaged with customers (*Chicago Medical Review*). A reporter of the *New York Sun* has been interviewing the managers of these large establishments relative to this subject, and they unanimously report that this plan results in better health and greater efficiency on the part of the saleswomen.

COPPER ON PLANTS.—M. Dieulafait reports the presence of copper in plants that grow on rocks belonging to the older geological formations. He says plants growing in soil formed by the decomposition of primitive rocks contain such quantities of copper that it is possible to detect it in one grain of their ash by means of ammonia.—*Boston Jour. of Chem.*

DR. AUSTIN FLINT, JR., has declined an invitation to accept the chair of Physiology in the Jefferson Medical College of Philadelphia. The Bellevue Hospital Medical College is to be congratulated on this decision. But we wonder what Philadelphia had to offer which New York has not—outside of Dr. Buchanan.—*Medical Record*.

VALUE OF VENTILATING SEWERS.—The town of Padstow, in Cornwall, is said to furnish an excellent example of the value of thoroughly ventilating the sewers (*Med. Times and Gazette*). Acting on the recommendation of Dr. Blaxall, the Local Government Board Inspector, the local authorities have during the last eighteen months put into practice the course advocated at the meeting of the Sanitary Institute recently held at Exeter, that of ventilating sewers so as to permit sewage-gas to escape into the atmosphere as soon as it is generated, and before it becomes dangerous to the public health. As a result, the town has during the last twelve months enjoyed complete immunity from zymotic diseases.

AN UNCOMMON OCCURRENCE.—In Holland three triplet brothers—a naval employe, a solicitor, and a postmaster—have just celebrated their fiftieth birthday, all being in excellent health.

Selections.

Nitro-glycerin for Seasickness.—A writer in the *British Medical Journal* says: An invitation from a friend to join him for a little yachting expedition has given me an opportunity of trying nitro-glycerin for preventing and relieving the horrors of seasickness. Our course was down the Thames, in and out of Ramsgate, and as far south as Dover, in a small cutter of twelve tons. Returning from Dover early in the morning of Monday, August 30th, with a north-east breeze, wind against tide, in the Downs we had a good deal of swell for our little craft, and she dipped her bows frequently. We had not reached the South Foreland before I began to feel a certain amount of squeamishness and nausea. Dreading the retching on an empty stomach (we had hoped to breakfast on the way or after our arrival at Ramsgate), I munched up a nitro-glycerin tablet containing one hundredth of a grain. In a few minutes I felt the fullness and throbbing in the head which even this dose will cause; the nausea and tendency to sickness quickly subsided; there only remained a qualmish feeling at the pit of the stomach, which did not entirely disappear until we reached Ramsgate Harbor and had breakfast. My friend, who had noticed my condition, had his two boys on board, aged seven and eight respectively. The elder was sick early in the voyage, and both felt ill. He gave them each one third of a tablet, which had the desired effect; they soon recovered their usual spirits, and were able to enjoy their breakfast on board at our destination. Next morning (Tuesday) we breakfasted before starting. The sea was calmer as we left Ramsgate, but as we rounded the North Foreland there was a considerable swell on, about equal to the day before. The two boys and myself repeated our doses of nitro-glycerin earlier on this occasion, as we could see what was coming. We thus warded off any traces

of nausea even. We lay off Whitstable that night. Next morning (Wednesday) we got up as far as Southend and anchored near the jetty. Today (Thursday) my friend's wife and her sister joined us for a sail up the river and back with the tide. Both are bad sailors and soon felt nauseated. They tried a little spirit and water, and afterward I gave each half a nitro-glycerin tablet. On one the effect of this dose was quite marked. Her sister, although much slighter and more delicate, did not observe its physiological action, but both soon obtained relief, which they attributed to the nitro-glycerin. They were then able to enjoy some shrimps and bread and butter—eating, one of them informed me, being a feat she had never been able to perform on shipboard before. My friend's wife felt a little nausea this afternoon when we came ashore, but this was no doubt due to the overpowering heat. I had left my nitro-glycerin on board, or I might have repeated the dose; but the attack soon passed off. I think, for short journeys, an attack of seasickness may in most cases be entirely avoided by taking a dose of nitro-glycerin on going on board—one hundredth of a grain for robust and strong adults, one three-hundredth to one two-hundredth of a grain for children or delicate persons; but further trials are requisite.

Cold Baths in Cerebral Rheumatism.—Dr. Woillez has read an able paper on this subject at the Academy of Medicine (*Union Méd.*). After advertising to the former fatality of the disease, he states that since 1870 it has become more and more evident that it may almost always be successfully treated by the application of cold, the cold bath at 20° C. (68° F.) being the form of using it which he prefers, repeating it every three hours until the cessation of the delirium and the reappearance of the swelling of the joints. Generally the cessation of the cerebral accidents only lasts for a short time after the first immersion, but gradually increases in duration after the subsequent ones, a refreshing sleep succeeding the period of agitation. When the baths cause shivering they should be discontinued.

In no instance in which they have been employed have they given rise to mischievous effects; and even when, owing to their defective application, they have not prevented death they have prolonged life. They may be prescribed under the following conditions: 1. When to the delirium there are added diminution or disappearance of the swelling of the joints and a temperature of 40° C. (104° F.) and above; under this combination the baths may be said always to succeed in procuring recovery at all periods of the disease, whether there be only delirium, coma, or imminence of death. 2. We should have recourse to them if with the delirium there is no diminution in the articular symptoms, but the hyperthermia exists. 3. The bath should be replaced by revulsives when merely delirium prevails, the articular disease pursuing its course and no hyperthermia being present.

Dr. Woillez observes that it is an error to regard the hyperthermia as the sole indication for the employment of the cold bath, the articular fluxion requiring also to be taken into consideration, since in a certain number of cases revulsive treatment having caused this fluxion to reappear a cure has resulted. Although so strong an advocate for the cold bath in cerebral rheumatism, he does not regard it as opportune in all general diseases with high temperature, and especially in typhoid fever, in which he considers it as ineffectual and injurious.—*Med. Times and Gaz.*

Local Etherization.—In a communication to the *Centralblatt f. Chirurgie*, July 31st, Dr. Lauenstein, of the Hamburg General Hospital, observes that the employment of ether spray, on which such exaggerated expectations were at one time held, has now fallen into too general neglect, especially in private practice. If the manuals on surgery be consulted it will be found that local anesthesia is scarcely mentioned or spoken of disparagingly. According to the writer's experience if more be not demanded from ether spray than it can legitimately supply it is an invaluable means. At the Hamburg Hospital it is regularly employed in opening abscesses, making incisions in phlegmon, etc., counter-openings, tenotomy, operations on the bursæ, the removal of small foreign bodies, and the extirpation of small cutaneous and subcutaneous tumors. It is also employed in phimosis, but as a general rule it should be avoided in operations about the genitals, as the ether causes so much pain and the intervention of a thick layer of moistened wadding is required.

The spray is much to be recommended in the removal of ingrowing toe-nail, and patches of lupus may be scooped out under its action. Affections of the nose or lips should be exempted, as the inspiration of the concentrated ether may prove dangerous, as it may also in operations on the gums, which are excessively sensitive to its action. The cheeks, forehead, and aural region may be acted on, protecting the eyes with moistened wadding. The great reduction of temperature which is produced does not interfere with the healing of the wounds. Great care is required not to bring the ether near light of any kind, for fear of explosion; but this inflammability does not contra-indicate its employment with the actual or galvanic cautery—the parts being first dried with wadding. The spray is very useful during transplantation, especially in private practice, when the patient has himself to supply the grafts. Under the spray they can be removed without any pain, and owing to the hardness of the skin produced this can be more easily effected. "To sum up my experience with ether spray, it is well suited for short and superficial operations, of small applicability to extensive operations, and is unsuited for those on the nose, lips, scrotum, and mucous membranes."—*Med. Times and Gazette*.

The Hot Rectal Douche.—A most interesting paper on this subject was read before the American Gynecological Association, at its last meeting, by the secretary, Dr. Jas. R. Chadwick. He recommended the douche chiefly for two entirely distinct classes of cases: *First*, inflammatory conditions of the rectum and large intestine, acute or chronic, characterized by diarrhea, pain, backache, etc.; *second*, the conditions that follow inflammations of the pelvic organs, and of the pelvic peritoneum or cellular tissue, characterized by painful defecation, backache, pain, or burning sensations in the abdomen, etc. He restricts the use of the douche to the post-inflammatory stages of disease. The water is used as hot as the hand will bear, and is gently allowed to flow from a fountain-syringe till the patient feels a desire to defecate; the flow is then suspended for a few minutes. About two quarts may be used, and are to be retained as long as possible. Intense desire to defecate should not be restrained, as this gives rise to severe expulsive efforts that may prove injurious. The douches should be taken about twice a day for two or three weeks.—*Amer. Jour. of Obstet.*

Curious Cases of Volitional Control over Involuntary Acts.—Dr. Berliakoff reports, in *Vratch* (Transactions of the Society of Russian Physicians) a case of a man suffering from syphilitic ulceration of the rectum who succeeded in gaining such control over his sphincters that he could, under certain conditions, open the anal orifice, permitting a perfect inspection of the rectal mucous membrane to the depth of seven centimeters, the anus appearing as a hole two centimeters in diameter. He could retain the parts in this condition for ten to fifteen minutes, becoming very much fatigued at the end. To accomplish it he had to place himself in the position known as *à la vache*, cover his head with a blanket or a gown, stop breathing and draw in the abdomen; perfect silence was absolutely necessary. He could not give any explanation of how he was doing this. Silence and darkness were necessary to permit him to concentrate his mind on the act. He was led to this by a desire to assist his physician, as local manipulations were very difficult and painful. Professor Manassein, editor of *Vratch*, speaks of two medical students, one of whom can accelerate and the other retard the pulse-rate at will.—*Record*.

Remarkable Tolerance of Opium.—A case of diffuse puerperal peritonitis is reported by Dr. F. M. Welles, of New York, in which morphia was given for the first time on May 1st (one fourth of a grain), and increased daily till on May 10th fifty-seven and a half grains were administered. The dose was then gradually decreased. Patient recovered.—*American Jour. of Obstet.*

[The notes on this case are very well reported; so thoroughly indeed that we are led to believe that the whole trouble with this patient was produced by too great anxiety upon the part of the doctor, and a consequent useless hurry to do something. The notes plainly indicate that "syrring the uterus every two hours" for two days does not yield very satisfactory results just after confinement.]

The Best Position for Women in Labor.—An exhaustive paper on this subject, by Dr. Geo. J. Engelmann, of St. Louis, is reported in the proceedings of the American Gynecological Association. Among other historical facts, the doctor tells us that "Only in Siam are women kept in the recumbent position, flat on the back, the rarest of all positions during labor." The author concludes "that the fully recumbent position on the back is inimical to safe and rapid labor." He believes we should advise that in the early stages of labor the woman should be permitted to follow her own instinct with reference to position, and even in the last stages of labor she might be allowed to do the same, except perhaps with reference to some general directions, and for these he would say the semi-recumbent position in bed was the one best adapted to give her the greatest assistance.—*Ibid.*

Curability of Syphilis.—Fournier said of syphilis, "The diathesis is a period of health interrupted by explosions of the disease." Cazenave said, "One does not recover from the syphilitic diathesis, but lives with it as with the lymphatic temperament;" and an older writer observed that syphilis strikes with its victims "a truce oftener than a peace."—*Exchange*.

Treatment of Dyspepsia.—M. Damaschino defines dyspepsia as a morbid state characterized by slowness and difficulty of digestion. This definition, so uniquely symptomatic, is very accurate, for dyspepsia is only really a symptom either during the evolution of a gastric affection or in the course of or subsequent to a general malady (*Le Progrès Médical*). The etiology of dyspepsia is very varied, for age, sex, temperament, habit, and certain diatheses exercise a marked influence upon the development and course of the digestive trouble. In this way the varied symptomatic forms which are observed in this pathological condition are explicable, as well as the inefficacy of the most rational methods of treatment which is so often noticed. Among the numerous remedies for dyspepsia the digestive ferments, and of these more especially pepsin, occupy the foremost place. To enable these remedies to act with certainty they ought to approximate as closely as possible to the conditions under which they act in the natural state; by the union of pepsin with hydrochloric acid a very soluble digestive ferment is obtained, which is found to possess an exceedingly energetic action; in combination with pancreatin, coca, and bitters, which increases its eupeptic action, it forms the basis of the elixir of Grez. This preparation acts not only by its own digestive properties, but also by stimulating the secretion of the gastric juice, so that it is also a pep-togen. A great number of experiments have been conducted in the French hospitals in regard to the use of this elixir in the treatment of intractable cases of dyspepsia, with the result that there has been a rapid improvement of the general condition with a complete remission of all the symptoms, pains, gastric meteorism, eructations, and vomiting. Affections connected with stomachal vertigo, and migraine arising from functional impairment, have been rapidly cured. Digestive troubles also which are so frequent in adults, and more especially at puberty, as well as in chloro-anemia, have invariably yielded to the influences of this remedy.

Phthisis is nearly always complicated with dyspepsia, often in the form of obstinate vomiting, which rapidly aggravates the condition of the patient; in such cases the elixir has afforded the most excellent results by curing the vomiting and altering the state of the alimentary canal. Rheumatic and gouty patients, who for a long time previously had digested with difficulty, have recovered their digestive functions after a few days of this treatment. Lastly, this elixir has been employed at the Children's Hospital in numerous cases of chronic diarrhea and vomiting with the very best results, and it has even been used with success in that most severe and dangerous of the affections to which children are exposed—infantile cholera.—*Practitioner*.

Poisoning by Rhus Toxicodendron.—Dr. H. L. Judd, of Illinois, states that his treatment for a number of years for poisoning by rhus toxicodendron, which has been very satisfactory, is as follows: Give quinine internally from fifteen to thirty grains for twenty-four hours, according to amount of constitutional disturbance and extent of eruption. Use as a local application spread on thin pieces of cloth: \mathcal{R} Ung. zinci oxidi, \mathfrak{z} ij; liq. plumbi sub, \mathfrak{z} ij. Sig. Apply twice daily. The application of the above ointment is very grateful to patients, and allays the irritation and consequent burning sensation better than any remedy that I have used. It requires about two days to effect a cure.—*Boston Jour. of Chem.*

Malaria in New England.—It has been the boast of the New England States that they are free from fever and ague, the scourge of the West and South. It is true malaria has prevailed in the history of these states, but the prevalence has been at long intervals, and with many years of complete immunity. For forty years prior to 1865 fever and ague was unknown in that part of the Union. An epidemic of it followed the war of 1812, as also it did the war of the revolution, but between 1812 and 1865, the close of the war of rebellion, there occurred no cases *de novo* in the New England States. These facts led to the supposition that the germs of the malaria were imported by the soldiers returning to their homes from campaigns in malarial districts. While this cause may have operated in the epidemics referred to, something different must be suggested to account for the prevalence of the infection during the past summer. It appears that it has prevailed to an alarming extent, particularly along the Connecticut valley. In the Housatonic valley, in southwestern Massachusetts, hitherto a very healthy district, the malarial epidemic has been the severest ever known in New England, the disease attacking all classes of persons and of all ages, new residents and old, and casual visitors.

The nondescript State Board of Health of that state has undertaken an investigation into the causes of the unusual occurrence, and its report will be awaited with interest. In the meantime conjecture is rife and the opinion is expressed that the cause lies rather in the tainting of wells and water-courses by the discharges of fever and ague patients than in "the emanations from swamps or any other purely aerial or malarial agency."—*Michigan Med. News*.

A Cold Process for Coffee.—An exchange says that the full aroma of coffee can be extracted without any application of fire by the following process, and that indeed cold water gives the best results: Take five ounces of best Mocha or old Government Java, roast and grind to a coarse powder, pour the grounds into a glass bottle or decanter, pour on a sufficient quantity of cold water to cover the coffee, stop the bottle or decanter close, set in a warm place for thirty hours; now filter the infusion by passing it through some fine lawn or blotting-paper placed on a glass funnel, or by straining through muslin. The experiment, it is asserted, "will delight as well as surprise all ladies of intelligence and taste."—*Boston Jour. of Chem.*

Treatment of Retroflexion of the Uterus, with Adhesions, by Forcible Separation of the Latter.—Seven cases were treated by Dr. Aug. F. Erich, of Baltimore, with very beneficial results, except in two instances. The method employed was dilatation of the uterus by means of sponge and tupelo tents, and reposition with a large steel sound. The uterus is maintained in the normal position by an intra-uterine stem and a Hodge pessary. No peritonitis followed these apparently dangerous procedures.—*Amer. Jour. of Obstet.*

Artificial Koumiss.—*Boston Jour. of Chemistry*: One hundred parts condensed milk mixed with one thousand of water; one part of lactic acid, one half part of citric acid, and fifteen parts of good Jamaica rum or French brandy; charge with carbonic acid gas, bottle and let stand some days in a warm room till the liquid begins to froth.

Multiple Sympathetic Affections Caused by the Presence of Intestinal Worms.—Dr. Guérmonprez (*Journal des Sciences Méd. de Lille*) reports this curious case:

A girl, eleven years old, without morbid antecedents, and lacking all hereditary taint, had occasionally passed some long, round worms (*ascaris lumbricoides*), but in less number than many other children living in the same locality. Her father noticed that her intelligence began to weaken, and that she exhibited peculiarities of character. She would tear her clothes, run away from home, or grow morose, irritable, and perverse. Her memory began to fail her. At irregular intervals, and without appreciable cause, these psychical disturbances became even more marked. Her nights would then be spent in restless agitation. This lasted about a month. The restlessness was at that time constant; when about she must walk; if stopped she stamped her feet, kicked with irregular movements, gave no answers. When seated her limbs were in perpetual motion. There were moments of apparent calmness, but also decided exacerbations. Hearing was lost and vision became impaired. In addition speech forsook her, and her face was distorted by grimaces. Frequently she cried, at other times she appeared to be viciously inclined, pursuing her sister with a knife. Again she would be the victim of actual hallucinations. The bodily functions were regularly performed, but she had grown somewhat thinner. Opium, chloral, bromide of potassium, and baths all proved unavailing in the cure of her malady. At length a vermifuge was tried, and thirty-seven worms were passed. On the following day the nervous condition was visibly improved. In twelve days she passed about eighty worms, and as she got rid of them her agitation subsided and her intelligence returned. In two months she had completely recovered, and the cure has remained undisturbed for the two years since that time.—*Gaz. Méd. de Paris; Medical Record*.

Papayine.—The fruit of the papaw tree has long been used in the West Indies in order to render beefsteaks tender. An incision is made into the rind of the unripe fruit, from which a liquid juice issues, and if the beefsteak be rubbed over with this and then left for a while it becomes tender, however tough it might otherwise have been. For nearly two years back we have been engaged (Practitioner) at intervals, along with Mr. Wyatt, in making some experiments on the digestive action of some unripe fruits, occasionally furnished to us by Prof. Thistleton Dyer, of Kew.

We have tested the digestive power of this solution and find that it is very active. We have compared it with a specimen of pepsin of Messrs. Bullock & Reynolds, which we knew to be active, and also with the liquor pancreaticus (Benger) of Messrs. Mottershead & Co., of Manchester, and find it to surpass them both in the power of digesting either cooked meat or hard-boiled white of egg. Not only does it digest more rapidly, but more easily. When either the white of egg or the cooked meat is put into a small quantity of the pepsin solution it becomes partially digested, and then the digestive action appears to cease; but when a similar experiment is made, taking the same quantity of liquid in each case, and equal quantities of pepsin and papayine, the digestive action of papaw goes on uninterruptedly until the whole of the substance has become dissolved. Unlike pepsin it does not act in an acid solution. There

is no doubt whatever that we have in this substance a digestive agent of very great potency, and one which is likely to come into very general use in medicine. We believe that the French firm who introduced this substance into medicine will shortly appoint an agent in this country, if indeed they have not already done so.

Intermittent Hydrops Articularum.—Seeligmüller (*Deut. Med. Wochen.*) has collected thirteen cases of a rare intermittent articular affection. In healthy patients without prodromata an extreme swelling of one or both knees appears without inflammatory symptoms and without fever. The swelling soon reaches its maximum, remains a short time stationary, and disappears completely. In the majority of cases the symptoms recur at certain intervals with regularity, the interval being from eight days to two weeks, and lasts from four to six days. The knees are the most frequent site for swelling; more rarely the hip is affected at the same time. Little is gained by treatment, though in two cases quinine and arsenic were said to be of some use. The pathology is not understood, but any connection with the ordinary poison of intermittent fever has not been shown, and is not probable, as in only two of the patients could any other symptoms of intermittent fever be determined. The observer publishes one case, which continued through the greater part of the patient's lifetime.—*Bost. Med. and Surg. Journal*.

Japanese Paper Air-cushions.—Japanese paper air-cushions are said to have some advantages over those made of rubber. They may be rolled into a package of smaller dimensions when not in use; they will not stick together as rubber does after it is wet, and for pillows they are better because they have no odor. Their strength is marvelous, a man weighing one hundred and sixty pounds may stand upon one without bursting it. They are said to be waterproof, and to make excellent life-preservers.—*Boston Four of Chem.*

Nitroglycerin in Migraine, Asthma, etc.—Dr. A. W. M. Robson finds this remedy suitable for such cases as are usually proper for the use of nitrite of amyl, but it is more permanent in its effects and powerful. One or two drops of a one-per-cent solution will usually suffice, although sometimes three or four minims may be needed. One to eight minims have proved serviceable in angina pectoris, the dose being gradually increased to the larger amount.—*New Remedies*.

A case in which one third of the clavicle, the whole of the scapula, and the upper extremity were removed for sarcomatous growth around the shoulder-joint by Mr. Edward Lund, F.R.C.S., Surgeon to the Royal Infirmary, Manchester, is reported in the British Med. Journal of October 16th. On the thirty-sixth day the wound was perfectly cured and patient comfortable.

Soluble Quinine Pills.—Salphate quinia three parts, tartaric acid half a part, and pure glycerin a quarter of a part. Rub up in a mortar the quinia and tartaric acid into an impalpable powder, and, having added the glycerin, rub up the mixture until it assumes a suitable consistence. Pills made from this, however dry and long kept they may be, remain completely soluble.—*Union Méd.—Med. Times and Gaz.*

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THE TRI-STATES MEDICAL SOCIETY.

The Tri-State Medical Society held its sixth annual session in this city during the last week, commencing on Tuesday and adjourning on Friday to meet in St. Louis next October. There were about a hundred and fifty members present, some of whom seemed to take much interest in the proceedings. The president—Dr. Buck, of Springfield, Illinois—gave a capital address to a mixed audience on the evening of the first day. Dr. Parvin two evenings later delivered a finished oration of the same character; it was on the Inter-dependence of Mind and Body. Mrs. Dr. Stevenson, of Chicago, a charming practitioner, spoke on Science and Sociology, and the NEWS does not have to call upon its gallantry to say that the lady's effort was among the best of the meeting. Other notable papers were by Fairbrother, David Prince, Owen, Thomas, etc. Dr. Sam'l W. Gross, of Philadelphia, took the occasion of the meeting of the Society to revisit the home of his youth. He read a powerful essay on the excision of mammary tumors, in which field his late work ranks him as a master. But we did not intend to specify the papers, the bare enumeration of which would consume more than this page. Almost every subject in medicine was apparently touched upon.

The social features of the meeting were few. There was a concert and a collation, and we believe that was all. The fact is, the Tri-States prides itself on being a work-

ing Society, and not a frolicking one; but with all its asceticism we don't think it has much to thank this city for, and we doubt if it will choose it again for a place of meeting. The attendance from the local profession was exceedingly small, and few or no recruits were gained in the town; nor was there that general exhibition of friendly feeling which the members had a right to expect. All this was the more notable from the fact that Louisville is particularly good in the entertainment of conventions. Nowhere was the American Medical Association better received than here. On the other hand, it must be acknowledged that the Society itself was also at fault. If nobody joined, it was because nobody asked him, sir, he said; and if there was a slim attendance at the hall, it might be accounted for by the miserable acoustic properties of the room and the fearfully long-winded papers that were presented. The Tri-States Society will do well to cut down the length of its essays hereafter, which in the majority of them can be conveniently done by leaving out those parts which every body already knows.

And, upon the whole, why is there a Tri-States? Why, as we said a few years since, is n't there just as well an Every-other-State? It can not effect any thing, that we can see, which separate state organizations can not effect, while it serves, in the multiplication of societies, to detract from the usefulness of these. As for the matter of comity, it seems to us our friends across the river have never (at any rate before) needed any assurance of the pleasure their presence gives to the Kentucky doctor, and this latter gentleman

has had no cause to complain of his trans-Ohioan reception. The *raison d'être* of the Tri-States does not appear.

THERE is no doubt that the system of reducing weight which goes by the name of "Banting" is an efficient one, and when rigidly followed produces rapid and safe results. The difficulty is that the patient can not adhere to it strictly, and the chief reason is that he is required to make his selection from the midst of his accustomed food, and the temptation to overstep the bounds is irresistible. If there were such a thing as a Banting table established, on which the proper food was placed, and from which saccharine matter was excluded, and farinaceous and fatty foods were only admitted in allowable quantities, the effort at maintaining the diet would not be half so difficult. We commend the matter to the attention of some one of enterprise. There is no doubt that a "Banting table" would take admirably in our cities and larger towns, and many a fat brother or sister would pay well for their restoration of shape.

THE officers elect of the Tri-States Medical Society are: *President*—Dr. A. M. Owen, of Evansville, Ind.; *Vice-presidents*—Dr. David Prince, of Jacksonville, Ill., and Dr. S. H. Charleton, of Seymour, Ind.; *Secretary*—Dr. G. W. Burton, of Mitchell, Ind.

A DEATH from chloroform is reported as having occurred in Ballard County, Ky. The anesthetic was administered for the removal of a wen upon the neck. The patient was thirty-five years old, six feet seven inches high, and weighed two hundred and thirteen pounds. Diagnosis of "heart-disease."

THE College of Physicians and Surgeons of this city, which had suspended for a time, has resumed its meetings under very favorable auspices.

Original.

RANDOM NOTES ON SIMPLICITY IN FRACTURE-APPARATUS.

BY WILLARD H. MORSE, M. D.

One of the most patent axioms of surgery is that fracture-apparatus shall be such as will the best assist nature in procuring reunion of osseous integrity and in preventing deformity. The idea has obtained that it makes little or no difference what apparatus is used if it is of a character that will serve these ends for which it is employed. Out of this idea others corollary to it have been framed, until the opinion prevails that every thing, from the bandages to the bed, must have some certain elaboration. As a consequence the market is full of patented apparatus, beautiful in theory and often excellent in principle; and every surgeon has some favorite splint or plaster or exerts himself to invent one.

It was my privilege in my student days to read the works of Gross, Hamilton, Erichsen, Bryant, and others, each discussing different apparatus, all elaborate and some complicated. At the same time I had the pleasure of receiving the teachings of Dr. John Swinburne, of Albany, who, as all know, is an apostle of simplicity in fracture-apparatus. In the text-books I read of many vexed modes of treatment, and from Prof. Swinburne's lips I heard the advocacy of simplicity. Out of college and in practice I found that it was impossible to serve two masters. Bewilderment came with my first fracture-case, and I found it difficult to make a choice from among many splints and many modes of treatment. Like all other physicians, I had to learn that the instructions of text-books are good in theory, but all too apt to be poor in practice.

I chose to adopt simple treatment of fractures as easier to carry out and as serving the best purpose, and not because I dissented from the ideas of the text-books, or because of any disparagement of the intentions of authorities on the subject. Nature is in love with simplicity. The theoretical horticulturist may graft a tree, and confine the scion with patented appliances, and still not have the success that attends the labor of the farmer's boy, who, with string and grafting-wax, ties in and fastens the scion. The gardener, with patented and well-tried fertilizers, can not always insure success in transplanting his plants. Nature prefers to name

her own abettors. Yet no rational physician will condemn all fracture apparatus. There are both good and bad to select from, but all of them are to be "well shaken before taken!"

What is simplicity in fracture apparatus? The interpretation may signify one thing to one mind and something totally dissimilar to another. Extemporaneous appliances come the nearest to rigid simplicity. Splints that will the best keep the ends of the bone in connection, with simple arrangement of the bed and the principles of extension, are the essentials asked.

We know by the acquaintance of the textbooks that there are the appliances of Hamilton, of Buck, and of others, and the physician trembles in awe of them, as does the boy who begins the study of Latin. To understand elaboration requires experience; to understand simplicity, unprejudiced discrimination is the only requisite. If simple methods of treatment will do that which is claimed for elaborate methods, and do it better, the physician can but exercise partial choice.

Notes of some cases, the treatment of which illustrates the employment of the principles of simplicity, will better give the meaning that I wish to show than mere detail can do.

CASE I.—*Fracture of the Femur.* Ann A. M., servant girl; age twenty-seven; in good health. Fell through a trap-doorway a distance of seven feet. Left femur fractured at the superior fourth; displacement considerable.

Treatment. Had a good mattress bed prepared; took a sheet for a perineal belt, folding it to a diameter of two inches; provided adhesive strips one inch broad; applied these spirally along both outside and inside of the leg, not over one another, but side by side, so as to obtain equal tension. At the foot a strip was doubled so as to provide a loop under the sole of the foot. These strips were fastened down by a roller, but on the occasion of the second dressing short adhesive strips were used in its place. The belt was secured to the head of the bedstead, and counter-extension was obtained by means of a cord passed through the loop of plasters beneath the sole of the foot and fastened to the foot of the bedstead. No splints were used, and the muscles and fascia took their place kindly. A bag of sand was placed at the foot to keep it from everting. The first extension was slight, but after ten days it was extended by degrees to its nor-

mal length. Union occurred nicely, and extension was continued for forty-one days. There was no appreciable shortening.

This is the "Swinburne method." There were no bandages or splints to embarrass the circulation, and besides affording perfect cleanliness, it was so that I could measure the limb daily. Dr. Swinburne has employed this method in cases much more complicated, where its advantages are more conspicuous.

The foot of the bed is not raised, and no weights for greater degree of counter-extension are used. Yet in intra-capsular fracture these means are employed, and the resultant shortening should not be more than three fourths of an inch.

CASE II.—*Fracture of both Tibia and Fibula.* A boy aged nine fell on the ice and fractured both bones of the leg.

Treatment. Provided a long and delicate splint (thirty inches long, two wide). To this attached a foot-piece, and in the upper end of the splint bored several holes. By the way, the splint was part of a clap-board ripped off the side of the house, and the foot-piece came off of the same board! The splint and foot-piece were secured to the outside of the limb by adhesive strips. Other strips were looped about the limb just below the knee, the loop touching the lower border of the patella on the anterior side. A cord was then passed through this loop, and carried thence through one of the holes in the splint above the knee-joint. Thus suitable extension was provided for. At intervals of five inches adhesive strips were placed around the leg to keep it in place on the splint. There was no great inflammation, else I should not have applied the roller strips until it had subsided. There was no after-displacement.

CASE III.—*Fracture of the Humerus.* N. B., aged forty-eight; farmer. Fractured the right arm three inches above the elbow. I did not see him till several hours after the accident. Employed a long splint that extended three inches below the elbow and three inches above the shoulder, with holes in both ends. An axillary belt was used, and fastened through one of the holes at the upper end of the splint. Adhesive strips were passed spirally about the limb, and a loop formed at the elbow. Through this loop a cord was passed, and thence connected with one of the holes in the lower end of the splint. Extension and counter-extension were in this way procured. Circlets of adhesive strips two or three inches apart were

used to confine the arm to the splint. The arm was flexed and a sling used.

CASE IV.—*Fracture of the Humerus.* A case similar to the above in many respects. Treated in the same way, except that a crutch-splint was put on the inside of the arm, its upper end padded by the axillary belt, and that tied over the shoulder. Extensive bruises on the arm necessitated this change of principles.

CASE V.—*Colles's Fracture.* A. B., shoemaker, in a drunken brawl fractured the left arm. A thin board, three inches wide, was used as a splint. This was placed on the posterior aspect of the forearm and provided with two compresses—one at the carpus and the other at the elbow. Adhesive strips were used to secure the splint in place, the application beginning at the elbow before the fracture was reduced. As soon as purchase was obtained there, the displaced parts were properly adjusted and adhesive strips applied at intervals from the elbow to the hand. Patient went on a prolonged spree a week after the accident, and exposure to a storm set up an excess of inflammation that delayed recovery. Usually in such cases I institute passive motion at the end of twenty days, repeating it daily for four weeks, when the splint is removed. I find it advisable in some instances to envelope the arm with bands of adhesive plaster after removing the splint. In this event the muscles act as splints, and take the place of the splint with the assistance of the adhesive strips.

CASE VI.—*Fracture of the Tibia just above the Ankle.* Thomas D., aged thirty; mill operative. Saw patient with Dr. L. a few minutes after the accident that resulted in the fracture. The bone was partially driven through the skin, and the fracture presented a complicated appearance.

Treatment as in Case II, except that it was necessary to elevate the limb by means of a cushion placed under the heel. The bed itself was better than all the patented splints in existence, as it kept the bone in place effectually. The limb was badly torn, and we found it advisable to cut the plasters several times the next day because of the pain and swelling. But new strips were supplied and the cord occasionally tightened until, on its perfect line of extension, the union of the osseous structure was complete.

CASE VII.—*Fracture of the Humerus at the Elbow.* This was a remarkable case. The patient, J. T., aged eighteen, was run over by a heavy wagon, the wheel crushing the elbow of the left arm. Examination

showed that there was a fracture of both the forearm and humerus. The splint used was made "on the spur of the moment." Two strips of board (shingles), one fourth inch thick and long enough when hinged by adhesive plasters to extend from the shoulder to two inches below the tips of the fingers, were used. It was fastened, while the arm was extended, by circlets of plasters, taking care to confine elbow closely. Forced flexion gave the required extension. I have never met with another case exactly like this. My practice is to have the hinge an inch above the elbow in a fracture of the forearm, and an inch below if the humerus is fractured. The plaster strips should be drawn as tight as possible and the forced flexion maintained.

Without any essential modification the principle of treatment in all these cases is that of Dr. Swinburne, whose description would be much more elaborate and lucid than is mine. In all that the phrase means this is simplicity in fracture-apparatus exemplified. With its employment, I am glad to say my success is invariably excellent, all conditions being in ratio. The same can not be said in my experience with *any* patented appliance. Bandages I rarely employ, as I do not consider that their use is always of advantage. They obstruct circulation, tend to create extra warmth, and prevent thorough examination. I always limit their use, and at the same time employ all of the adhesive plaster that is in any sense necessary. A clapboard, a shingle, or a lath furnishes all the splints required; and any physician can find a suitable piece of board for his purpose.

Undeniably there are good manufactured splints, but the country practitioner, who needs all of his scanty earnings for bread and clothing, can not afford them. Nor can he afford to be so retrograde as to carry an armful of shingles, as did the fathers. A roll of adhesive plaster, a knife, and a good stock of wits is all that a physician needs to carry when summoned to attend a fracture case.

I would that the "Swinburne method" was better known. I would that simplicity was in the place of elaboration. The best measure of success has attended the use of these means, and the profession waits for the man who will in terse and vigorous language defend a course of treatment that he can ably describe, and which receives the blessing of benignant Nature.

HINSDALE, N. H.

Reviews.

Walsh's Physician's Combined Call-Book and Tablet, from 18— to 18—. Fourth edition. Published by RALPH WALSH, M.D., 326 C St., Washington, D. C. Mailed prepaid on receipt of \$1.50. Write the name and address plainly, and remit by post-office order or registered letter. For sale by all booksellers.

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Miscellany.

CIVIC MALARIA.—This is a term used—perhaps coined—by Dr. John C. Peters in the annual report of the Committee on Hygiene of the Medical Society of the County of New York (Medical Record). We presume that he used the word "malaria" in its broadest sense, viz. "*bad air*," and merely applied a slightly mysterious and high-sounding phrase to the collective bad air of great cities and its varied ingredients. As far as we understand Dr. Peters, he merely claims that certain parts of New York, like Harlem and many large cities, were once truly malarious in its narrow sense, and produced intermittent, remittent, and other palludal fevers, and do so still; thus Murray Hill was once a hotbed of fever and ague; malarious diseases in large numbers have been produced by the deep upturning of the soil in excavating the Fourth Avenue Tunnel, and also along the lines of the elevated roads. But the subsoil of large cities is always further contaminated by bad drainage, obstructed underground water-courses, filling of low-lying places with street-sweepings and other more objectionable refuse; leak-

age from numberless old-fashioned out-door privies and cesspools, from sewers and gas-pipes, and last but not least, soakage from perennially filthy streets and gutters. The exhalations from such a subsoil when liberated produce a peculiar typho-malarial fever, as was evidenced when large water-pipes were put down in one of our largest and most fashionable avenues. Dr. Peters claims that ordinary street pavements, especially when made of cobble-stones, are not sure preventives of the rise of these miasmatic or malarious exhalations from the subsoil; much less are many of the ordinary pavements of the cellars of numerous houses, which are far from being air- or water-tight, and allow subsoil bad air to rise, which becomes especially noxious at night when all the doors and windows are closed. The exhalations from the street-sewer openings, and of these into the docks, and from the water-logged soil in the neighborhood of wharves are highly productive of all the varieties of malarial and typho-malarial and miasmatic diseases.

Bartholow includes cholera, diphtheria, cerebro-spinal meningitis, influenza, etc., among the miasmatic diseases, while the Germans have correctly added a class of miasmatic infectious and miasmatic contagious disorders. The miasmatic contagious diseases are such as are developed exterior to the body in animal and vegetable decompositions, to which has been added the specific poison of some disease which had its origin in a diseased body. The peculiarly miasmatic contagious diseases are typhoid and yellow fevers, diphtheria, influenza, and Asiatic cholera. The miasmatic infectious disorders are cholera infantum, cerebro-spinal fever, lung-fever, etc.

Additional causes of civic malaria, according to Dr. Peters, are exhalations from gas-works, offal-rendering, the making of fertilizers, from various other offensive and noxious trades which produce smoke and smells, and from the dumping-grounds of stable-manure and street-sweepings and garbage. These abound along the river banks of many large cities, and in one of them not far distant from New York the principal slaughtering establishments are sandwiched between docks for manure-dumps and street-sweepings on the one side and some of the most offensive offal rendering establishments on the other, and the meats are cooled off in this impure air.

According to Dr. Peters cholera infantum or summer complaint is a miasmatic infec-

tion arising from the foul air of cities, aided by heat, bad milk, and food. Impure air is the great cause, and pure air the great cure. Diphtheria is a miasmatic contagious disease arising from impure air, and sometimes becoming contagious. True influenza—not mere common catarrh—is a miasmatic contagious disease, arising originally from impure air, and becoming contagious like diphtheria and measles. Typhoid fever is a filth fever, which becomes infectious first and contagious afterward by the decomposition of the discharges. Asiatic cholera and yellow fever are miasmatic disorders which become infectious and contagious like typhoid fever.

We give Dr. Peters's views for what they are worth, and can only say if the streets, gutters, sewers, and subsoil beneath us were as pure as the great mass of the air above us there would be as little filth, malarial, typho-malarial, and miasmatic contagious diseases in large cities as in the purest country places.

CURIOSITIES OF ADULTERATION.—In a recent report presented to the corporation of Salford by the borough analyst, Mr. J. C. Bell, several curious illustrations are given of forms of adulterations apparently in ordinary use. The report referred to one hundred and fifty-four samples, consisting of fifty-two milks, forty-nine breads, seventeen teas, five coffees, three peppers, four sugars, eleven wines, one baker's mixture, and five waters. Of these twenty-four were adulterated, consisting of nine milks, nine wines, five breads, and one butter. The five breads contained a chemical compound which is known by the name of baker's mixture. This is now being sold in Salford to bakers for the purpose of mixing with inferior flour. It is made from phosphates of alumina, lime, and magnesia, with sulphuric acid and hydrochloric acid, and Mr. Carter Bell found that it has the effect of spoiling the bread and making it injurious to health. It also contained a considerable amount of arsenic, the consequence of its being made from impure materials. Mr. Carter Bell also examined nine samples of so-called unfermented wines and two of ordinary tent wines. Of these nine samples, three bearing labels stating that the bottle contained "pure grape juice," "virgin fruit of the vine," etc., consisted of sugar, tartaric acid, salicylic acid, and coloring matter, with a large quantity of copper, the result doubtless of ignorant or careless manufacture. Grape-juice was, in Mr. Carter Bell's opinion, entirely ab-

sent. Another sample, labelled "Pure and genuine unfermented fruit of the vine," was evidently a composite article made artificially, and so carelessly prepared as to contain alcohol. One sample of unfermented wine imported from abroad contained some grape-juice; but the presence of alcohol and an abundance of yeast cells showed that fermentation had not been arrested. One example was labeled, "The selected wine of the Temperance Fraternity." This was an ordinary low class of fermented wine, containing a large amount of alcohol. Of the nine samples of the so-called unfermented wines only one was genuine and was what it professed to be, "pure grape-juice entirely free from alcohol." The samples of tent were sweet and highly alcoholic wines, one sample containing as much as forty per cent of proof spirit. This wine had evidently been strongly brandied, no natural wine containing any thing like that proportion of alcohol. The number and variety of these so-called unfermented wines testify to a large demand for articles of this class, but the examinations pointed to the necessity of a very careful discretion in their selection. Three samples of water taken from the lodge of a manufactory were so highly contaminated with sewage matter as to make them dangerous to health.—*Lancet*.

THE VEGETARIAN SOCIETY.—The Vegetarian Society held its annual meeting at Manchester on Saturday. A paper by Prof. F. W. Newman was read, which contained a suggestion for the purchase of estates to be colonized by vegetarian teetotalers and non-smokers. At a soirée in the evening the chair was taken by Prof. J. E. B. Mayor, Senior Fellow of St. John's College, Cambridge, who dwelt upon the advantages to be derived from the practice of vegetable diet, as shown conclusively by the health and vigor of some of their prominent members, in spite of the fatigues and anxieties of life. Mr. W. Hoyle, of Tottington, said that he had been for thirty-three years a vegetarian, and his conviction in favor of a vegetable in place of a mixed diet had been strengthened year by year.—*British Med. Journal*.

CLINICAL TEACHING IN PHILADELPHIA.—A writer in the *Lancet* of October 23d says: I was assured that at Jefferson College, which is one of the leading medical schools in this country, a man might take his degree in medicine and go forth to practice his profession *without having ever seen a case!*

MAGNANIMITY.—Recently Dr. Dolan, in the first of a series of lectures delivered at Halifax under the auspices of the St. John's Ambulance Society, said (*Med. Times and Gazette*): "I do not share in any fear that you will be tempted to dabble in medicine, or that a little knowledge will be a dangerous thing; for knowledge brings power, and with it a sense of responsibility must come, and must ever prevent any tampering with the human frame. I do not dread any bad results from the diffusion of medical knowledge among the masses. I hold it necessary that men and women should be grounded in the rudiments of medical knowledge, whereby they may be enabled to treat the minor accidents that are daily happening, so that, setting aside the selfishness of class interest, I can rise to a higher level, with the majority, I think, of my profession, and wish God speed to the St. John's Ambulance and all such kindred associations which aim at the relief of suffering humanity by the spread of medical knowledge." But surely there are *no* medical men who could not say the same.

ARE SUICIDES LUNATICS?—Surgeon-major William Curran, A.M.D., writes to the *British Med. Journal*: Apropos of the heading prefixed to this letter, as well as more particularly—of your remark that "many persons well qualified to form an opinion . . . are of opinion that among English people suicide is in the large proportion of cases, if not in the majority, committed by sane people"—allow me to say that a paper of mine, which advocated a precisely similar view, appeared, under the designation "Are all Suicides Insane?" in the *Indian Medical Gazette* for November 1, 1876. In this essay—which runs to fourteen closely-printed columns, and which contains numerous illustrative examples—I have, I think, succeeded in showing that many, if not indeed a majority, of those who are called *felos-de-se* are perfectly sane—although, it may be, abnormally depressed or excited—at the time of shuffling off their coil; and no one can dispassionately read the story of Grecian fortitude or Roman despair without, as I believe, coming to an identical conclusion. Suicide is a recognized legal institution in China and Japan, and our government never ventured to stamp out the "Samand" and "Sutteeism" of Hindustan upon this ground or from this standpoint. Yet were these practices suicidal all the same. As to your quasi-indorsement, in a previous number, of the fanciful "chill" theory of malaria, as that

was at one time set forth by Surgeon-major Oldham, of the Bengal Army, I may add that I have, I think, disposed of that in a paper on Peshawur Fever, that appeared in one of the last numbers of the old *Indian Annals of Medical Science*. Further corroboration in point, were any such needed, might be found any day in the blanched faces and big spleens of the men of these brigade depots, who have lately returned from service on the Peshawur frontier or in the interior of Afghanistan.

DR. CARUS WARBURG, the author of "Warburg's Tincture," is said to be old and destitute, on which account many of our medical exchanges are exceedingly lachrymose. For our part, while we sympathize with suffering, we can not forget that this man inflicted on the medical profession one of the most villainous, shot-gun prescriptions of our era. Many good folks believe that retribution is not always exclusively reserved for the nether world.—*Pharmacist and Chemist*.

[Verily it is the devil's own dose, and its efficacy in our practice has not equaled the marvelous powers claimed for it.]

FIGHTING IT DOWN LOW.—A writer in the *Lancet* says, I am sorry to say that "dispensary doctors" are not the only ones in our profession who charge unprofessional fees. I am in practice in the country, and in a part where the men make good wages; yet a firm of surgeons here will go from one end of the place to another for 1s. 6d. fee, including visit and medicine. I am also informed that a powder for a child can be had at their surgery for 6d., and that they are not above selling 2d. worth of castor oil. Surely these "surgeons" should add the word "chemist" to the plate on their door.

ANGELS IN THE HOUSE.—In the last fasciculus of the *Bulletins de la Société d'Anthropologie de Paris* M. Bertillon gives the results of his comparative analyses of the statistical tables of suicide for France and Sweden (*British Med. Journal*). These results show singular accord between the two countries, and the author considers himself justified in maintaining that they establish the two following laws: 1. Widowers commit suicide more frequently than married men; 2. The existence and presence in the house of children diminishes the inclination to suicide both in men and in women.

EDIBLE FUNGI.—Col. Harington Stuart, in the course of a lecture upon the edible fungi, given at the exhibition of the Cryptogamic Society in Glasgow, referred to the *Boletus edulis*, which he described as being a large umbrella-shaped fungus, with a dim yellow coloring on the outer skin. It grew in a variety of places, but he had found that it was principally to be met with in sandy soils, under oaks, beeches, and chestnuts, and he dared say under other trees. The period of growth ran from August to October. The cooking of it could be done in a variety of ways. The simplest was to cut away the stalks from the cap, then remove the outer skin from the latter, which next should be cut into slices of the thickness of one's little finger, and fried. The taste was just like beefsteak. The properties of meat entered largely into the composition of the fungi, and more or less of the flavor of meat was to be found in all of them. Fungi were at their best when at middle growth. When young they had not attained full flavor, and when old they were not quite wholesome. As long as fungi retained their umbrella shape they were good to eat; but after they attained a certain stage they began to roll up—in place of being convex they became concave—and then should not be eaten. To be wholesome fungi should also be firm, and they should never be pulled during wet weather. Though they required a great deal of moisture to bring them up, still rain rendered them unwholesome for immediate use. He added that no fungi should be kept more than twelve hours after pulling, because there were so many chemical properties in their composition that after twelve hours such changes took place that, instead of being wholesome, they frequently became poisonous. The common mushroom should never be kept for more than twelve hours. He then spoke of the *Agaricus heterophyllus*, which, he said, could not be mistaken for any other, owing to its great variety of color, which comprised purple, lilac, and green. It was generally found under beechwoods in great profusion, and in the months of July and August. This fungus was very agreeable to the palate, and was one of the finest to be had. It could be cooked in the ordinary way, after being skinned as stated already; but the easiest method was to place the fungus between two plates and place it in an oven. There were a variety of this class of fungi which were poisonous; but these were all red on the top, and therefore could not be mistaken. Possibly an-

other objection to this class was that slugs and moths were very partial to them; therefore they should be cooked at once, for if kept long the gentry referred to made serious inroads upon them. There was a very ready way of distinguishing between poisonous and wholesome fungi. All fungi that were edible were mild to the taste, and when mild they would do no harm; but it did not follow that all mild fungi were worth eating. All poisonous fungi were excessively acrid and very bitter indeed, and should be discarded at once.—*Brit. Med. Jour.*

DEATH OF A CHILD FROM HYDROPHOBIA. Some three months ago two children of a gentleman living at Bearsden, near Glasgow, were attacked by a dog that was evidently suffering from rabies. The eldest child was only slightly hurt, but the other, a boy five years old, had the calf of one of his legs severely torn. He was confined to bed for some weeks; but latterly the leg had healed so satisfactorily that he was permitted to go about, and appeared to be in good health. On Saturday, the 16th instant, however, the child was seized with illness and rapidly became worse, the symptoms of hydrophobia showing themselves. Medical aid was of but little avail, and the boy died on the evening of the following day in great agony. The dog which inflicted the wound was eventually destroyed in Glasgow, but not before it had bitten other children.—*Brit. Med. Jour.*, October 23d.

THE USE OF SPIDERS IN THE TREATMENT OF AGUE.—A writer in the British Medical Journal of October 23d says: At page 6 of a work on British Spiders, by E. F. Stavely, he quotes Sir Thomas Watson as an authority on the use of the web of the spider as a medicine in the treatment of ague, particularly alluding to some prisoners of war in the Isle of Man being cured by the black spider's web. He also says that the doctor mentions the cures effected by swallowing spiders bruised and wrapped up in raisins. Not having Watson's Physic I am unable to refer. May I ask seriously if these statements are correct? If so, having plenty of the said spider and its web, I shall be happy to supply any of my professional brethren who may wish to test their effects.

[The spider and the spider's web have been popularly deemed chill-cures from a period of remote antiquity, but there is no recorded evidence of their efficacy. Who will try the remedy?]

AINHUM.—We have just received from Dr. Da Silva Lima, of Bahia, an engraving taken from a photograph of the feet of a black, aged forty (Med. Times and Gazette). Both little toes are affected. This malady Dr. Da Silva Lima described in 1867. The following is attached to the figure: "A disease peculiar to the African race, consisting in a slow, progressive fatty degeneration, generally with considerable increase of volume, of the toes, especially the smallest, extending itself through almost all their anatomical elements, resulting from a nearly linear strangulation caused by a narrow strip of contracted and hardened skin that embraces at first a part then the whole of the circumference of the toe, upon a level with the digito-plantar fold. This constriction, after the lapse of from four to ten years, forms a deep circular furrow, which determines the absorption of the phalanges and the obliteration of the vessels and the inevitable dropping of the toe by any accidental blow or by gangrene."

A RARE CAUSE OF CONVULSIONS.—Dr. Beard, of New York, to whose investigations we are indebted for the discovery that nervous weakness is a new disease, has recorded, in his work on Neurasthenia, that during a conversation about the disease with a medical friend, the orbicularis palpebrarum of the latter began suddenly to twitch—a phenomenon before unknown in the subjective experience of the individual. We fear that the investigation of diseases of the nervous system is having a deleterious effect upon Dr. Beard's own well-being. At least such is the only conclusion we can form from the title of a recent paper as it is announced in the usually exact Jahresbericht of Virchow and Hirsch. The announcement runs as follows: "Beard, G. M. Convulsions from the study of one hundred and twenty-five cases of writers' cramp, and allied affections."—*London Lancet*.

A SINGULAR CONCATENATION OF MISFORTUNES.—The death of a Dr. Desiré Voulet, of Saillans, is announced under the following circumstances (British Medical Journal): He was called in by a midwife to a woman in childbed; and, while assisting in the delivery, had an apoplectic fit. The midwife fainted, and the poor patient died of hemorrhage from want of timely assistance. It may be noted that the unfortunate Dr. Voulet was eighty years of age! [Old men, beware!]

Selections.

The Hypophosphite Salts.—J. A. Thompson, M.D., in the British Med. Journal of October 30th:

In a paper by Dr. Frederick Churchill (British Medical Journal, March 27, 1880), on the use of the hypophosphites, I observe the following sentences: "There is no doubt that we have in these preparations all the therapeutic properties of phosphorus, without the dangers attending the administration of crude phosphorus;" and "For the administration of phosphorus, there is not, I am certain, a more efficient or safer medium than the hypophosphites."

I do not wish to appear to undervalue the alkaline hypophosphites, and I will, therefore, say at once that I have used them extensively, and that I am convinced of their value in certain kinds of disease—for the most part in disorders of nutrition. This knowledge is, and for many years has been, familiar to several writers, as Dr. Churchill's own references show—references which are not complete, however, on this subject, since they do not include the name of Dr. Churchill of Paris. The manner in which the last-named author has written may not be altogether agreeable, but I do not know that his matter is insignificant.

Having, then, used these preparations, and being acquainted with some of their properties; and having used free phosphorus—to substitute an exact chemical term for Dr. Churchill's adjective "crude"—and being acquainted with some of its properties; I do not hesitate to say that the opinions expressed in the quoted sentences can be entertained only by those who have never made comparative observation of the effects of free phosphorus and of the hypophosphites. Should the latter be substituted for the former, under the impression that their action is identical, disappointment will be experienced in the effects produced in many cases; but more especially in many cases of neuralgia, in cases of insomnia, the result of nervous exhaustion (in which it is desirable to avoid the use of narcotics if immediate relief can be procured by other kinds of medicine—as it may be procured by free phosphorus), and in all cases of imminent death under the typhoid condition.

I do not know why this difference of power should exist, since it seems most likely that the mode of action of the hypophosphites in such as Jardien has ascribed to zinc-phosphide—a compound, the action of which is almost the same as that of free phosphorus; by the evolution, that is to say, of phosphuretted hydrogen, from which, by decomposition within the circulation, free phosphorus is precipitated (*vide* Free Phosphorus in Medicine). Nevertheless, presumption in favor of similarity of action need not be allowed to obscure the fact of difference of action.

As for the dangers attending the administration of free phosphorus, vaguely alluded to by Dr. Churchill, it can scarcely be necessary to repeat now that, when certain formulæ are employed, no dangers exist. Those formulæ have already been sufficiently described, both in this Journal and elsewhere.

I desire to take this opportunity of saying that, having tried the hypophosphite salts, I have now almost entirely relinquished them in favor of hypophosphorous acid. This acid, of which the dose is, I consider one, two, or three drops for infants, five drops for adolescents, and ten drops for adults, given every four hours, I have by experience been brought to re-

gard as a valuable means of treating all cases of disordered nutrition, whether the result of chronic or of acute febrile disease. It may be administered in a variety of combinations; and I have been led to prefer it to the alkaline salts, because I have found its effects more promptly manifested, productive of more permanent results, and withal more generally useful. I regret that I am obliged to be content with making these assertions; observations which I was conducting, with a view to publication, having been unavoidably interrupted.

Management of Natural Labor.—Dr. J. W. Singleton, of Paducah, Ky., in a paper, read before the Tri-State Medical Society, on the Management of Natural Labor, argues strongly in favor of the use of the abdominal bandage before delivery as well as after, and of a dose of ergot of rye just before delivery. There is a tendency to what our American brethren call “hyfalutin” in Dr. Singleton’s style of writing, but his strong advice in favor of the bandage and ergot may be recorded, the more so as he attributes to them the fact that during twenty-five years’ practice he has never had a serious case of post-partum hemorrhage. There is still to be found, or to be heard of now and again, a practitioner who does not apply a binder after delivery. This, we think, a great omission, and there is something to be said for having it placed before delivery, so as to exercise a little gentle pressure on the abdomen and uterus before delivery takes place.—*London Lancet*.

A case of true eastern leprosy is reported by Jas. Startin, M.R.C.S., in the *Lancet* of October 30th. We make the following extracts:

When he first came under my notice he was covered with an eruption of brown maculæ or spots about the size of a sixpenny-piece, very slightly raised above the level of the surrounding skin. He had patches also of brawny brownish skin quite insensible to the prick of a needle. In their center, in different parts of the body, upon the anterior surface of the bend of the elbows and forearm, were patches about eight inches long and three broad; also on the side of the neck, face, and ears, but smaller in size. The cutaneous nerves of the arm and forearm and the ulnar nerve could be seen and felt as tense and swollen cords, knotty and hard to the touch—a very characteristic and diagnostic feature in this disease, and being very well marked in this case. He had also a tuberculous leprosy-looking sore on the left leg on the inner side, about four inches below the knee-joint, and he had also a brown anesthetic patch over the left knee.

The next important feature of the disease was that of considerable wasting of the muscles between the thumb and index-finger and intermetacarpal spaces, and he lost the power of adducting or closing his fingers, or even of holding any thing in his hands. A pail of water he would let fall from want of power to keep his fingers closed. The outer side of the little finger and hand was quite insensible to puncture with a needle. The patient complained of feeling much depressed at times. The mucous membrane of the mouth, tongue, and lips was much affected with tuberculous patches, and very tender and sore at all times. At this period of the case I had a drawing taken of the patient, showing most of the features described.

With regard to the treatment, I must say he has

very much improved under the continued doses of chaulmoogra oil, taken first as an emulsion, then, as it returned very much, the capsules, of which he took as many as twenty a day; and he well rubbed the oil into the skin. He also took large doses of quinine, which he said he felt much better for.

He has now regained the use of his hands, and the anesthetic patches are losing their insensibility, and the patient tells me that he feels much better and stronger, and the eruption is disappearing.

I ordered him, while he was in hospital, a good diet, unstimulating, with plenty of fresh vegetables, which he much enjoyed, having had so little of them. As to the influence of bad fish as a common cause of origin of this disease, I confess I am very skeptical. This case in point of fact (and there could not be a more typical case, as was said by Sir Joseph Fayrer, Mr. Erichsen, Mr. Hutchinson, and several other eminent members of the profession, to whom I had the pleasure of showing it at the Medical and Chirurgical and Pathological Societies) could not be possibly ascribed to the eating of bad fish, for he had none. But I do firmly believe that the *want of fresh vegetable food, and continued attacks of fever and ague destroying the nerve-vitality*, to be the principal causes of this case and of others of leprosy. Most of the cases of this terrible disease occur in India, and, as I am reliably informed, the natives live almost upon nothing or whatever they can get, and it is among this class the disease is most prevalent.

The Differentiation of Rotheln.—Mr. W. D. Hemming, in the July number of *Edinburgh Med. Journal*, traces out eight principal points of difference between rōtheln, scarlatina, and measles (*Chicago Med. Review*): 1. The temperature rarely rises above 101° to 102°; 2. The eruption almost invariably appears all at once over the whole body; 3. It affords no protection against the occurrence of either measles or scarlatina; 4. It propagates itself, and never gives rise either to measles or to scarlatina; 5. The patches of eruption are raised above the surrounding skin, particularly toward the center of the patch where the color is also deeper; 6. The desquamation occurs in minute portions of cuticle like the scales of fine bran, and always begins toward the center of an eruptive patch, gradually extending to the circumference; 7. The patches of the eruption are larger and brighter in severe than in mild cases; 8. The tongue is more or less coated at first, then becomes strawberry-like, and finally smooth.

To Disguise Quinia.—Dr. E. R. Dodson writes to the *Maryland Medical Journal*: I have found from personal experience that the unpleasantness of the sulphate of quinia, which prevents the prescribing of that very valuable drug in many cases where no other remedy will take its place, is materially obviated by the addition of Liebig’s Liquid Beef. The beef taken before quinine also seems to have a tendency toward preparing the stomach for its reception.

Koumiss in the Treatment of Cholera Infantum.—Dr. A. M. Campbell, of Mt. Vernon, N. Y., reports a number of cases in which koumiss proved to be an invaluable remedy when other foods and drinks were illy borne, or not at all. He does not claim for the preparation any wonderful curative properties, but suggests its use in all cases where the stomach rejects foods and medicines.—*Amer. Jour. of Obstet.*

Perforation of the Membrana Tympani from *Ascaris Lumbricoides*.—By Lewis W. Reynolds, M.R.C.S., in the *Lancet* of October 23d:

On March 3d I was called to see a woman, aged thirty-five, three or four months advanced in pregnancy. She was in a low nervous state, and had been suffering since Christmas from nausea and vomiting. About two weeks before she had vomited several roundworms, and about the same time suffered severely from dyspnea and intense pain in the chest and abdomen. Shortly before my arrival she had vomited two, and three more were discharged from the nostrils, her nose bleeding first for three hours. I prescribed four grains of santonine powder to be taken at bedtime, after taking which four worms were passed per rectum for the first time. The santonine was followed next morning by fifteen grains of compound scammony powder, when a great many more were passed per rectum. Three or four hours after taking the second powder, and having previously suffered all night from intense earache, a neighbor discovered a worm protruding from each ear and both ears bleeding; the same day three others came away from the ears, two from the left and one from the right. The following morning, March 5th, her husband drew another from the ear, and again on March 8th; this last was four inches long with the diameter of a small goose-quill. A large number were also discharged each day by the bowel, making in all seventy-four.

On March 10th, and again on March 13th, my patient vomited a large quantity of dark blood, and complained at the same time of a feeling of tenderness in the abdomen, for which I gave demulcents.

On March 17th, in the evening, I was called to see her, and found her perfectly insensible, having been so since midday; her temperature was below normal, but with a fairly good pulse; she was roused again about midnight. The attack appeared to me hysterical. From this time she has gradually improved in health, but has had occasional attacks of diarrhea.

May 12th: For the last few days blood has trickled from her ears and down her throat, which she coughs up. On examination with the auriscope there is now, as there was in March, excoriation of either meatus and a large perforation of both membrana tympani, but the sense of hearing is very little impaired.

Remarks. The history of this case appears at first almost incredible; but there can be no doubt the membranes were perforated by the passage of the ascarides. In addition to being vomited, some must have crawled up the esophagus into the fauces, thence some found their way into the nasal passages, and others into the eustachian tubes, perforating the tympanic membranes and being discharged by the external auditory meatus.

Epilepsy.—J. A. Watson, L.R.C.P.Ed., in the *British Med. Journal* of October 30th:

Mr. Brindley James's case of epilepsy, published in the *British Medical Journal* for September 18th, leads me to bring before the notice of the profession one which has occurred in my own practice. My method of treatment was somewhat different, but there has been more time to judge of the success of the remedy, as three and a half years have now elapsed since the last fit.

J. S. was brought to me one day, immediately after a violent fit, which had seized him while employed

in a mantlet, marking for the practice of a volunteer corps. He was twenty-three years of age, temperate, and not addicted to any bad habits, and had suffered from epilepsy from childhood. It was rarely that a month passed away without his having at least one fit, and for the last two or three months they had been much more frequent. His expression was stupid, heavy, and markedly epileptic. He had been apprenticed to a carpenter, and had learned his trade, but failed to obtain regular employment owing to the fits. I administered the same night thirty grains of bromide of potassium, and gave him a brisk aperient to be taken early in the morning. For a fortnight afterward he took thirty grains of bromide three times a day, during which time he had no return of the symptoms. He then took, on his own responsibility, the same dose at bedtime about twice a week, and an occasional aperient for another month. Since that time, three years and a half ago, he has been perfectly well. He is now in regular work as a carpenter in a large town, is married, and has one child about one year old, which, I believe, is perfectly healthy.

I may add that I have always seen benefit arise from the same method of treatment, viz. large and frequently-repeated doses of bromide of potassium, and that without any untoward symptoms produced by the drug. In no case, however, I am bound to state, has the success been so great as in that of J. S.

A case of neuralgia of the first branch of the fifth pair, of six years' duration, cured by Duquesnel's aconitia, is reported by Dr. M. Landesberg in the *Med. and Surg. Reporter*. He says: The first attack lasted sixteen weeks. The paroxysms were repeated with violence at intervals of two to four weeks; in some instances lasting for several hours, in others days or weeks. Remedies were of no avail. Induced by Dr. E. C. Seguin's paper on the treatment of trigeminal neuralgia by Duquesnel's aconitia, I tried this agent on my patient. The form for administering was as follows: \mathcal{R} Aconitiæ (Duquesnel's), gr. $\frac{1}{4}$; glycerinæ, \mathfrak{z} i; alcohol, \mathfrak{z} i; aquæ menth. pip., \mathfrak{z} ii. M. Sig. Teaspoonful three times a day. The therapeutical effect was striking. Perfect recovery was obtained after the patient had taken two bottles of the prescription.

Calcium Salicylate in the Serous Diarrheas. Following the example of Dr. W. Kilner (*St. Thomas Hospital Reports*, 1879), Dr. Alexander Hutchings, of Brooklyn, has made trial of calcium salicylate in the watery fluxes of children. He treated twenty-seven cases with the one drug only. In every case the disease was promptly and permanently controlled. He gave from two to five grains every two hours or more to children ranging from two months to two and a half years of age. He also states that with a little prepared chalk vomiting is as easily checked as with bismuth, etc.—*Amer. Jour. of Obstet.*

Epidemic Pemphigus—Dr. Behrend attempts to prove that the disease described by Prof. Ritter as "dermatitis exfoliation," and which the latter believes to be contagious, was identical with the pemphigus foliaceus of Cazenave, and was non-contagious. Dr. J. Fewsmith, jr., in the *American Journal of Obstetrics*, says that "we do not know that pemphigus is not contagious. Efforts at inoculation have failed, but so they have in other diseases in which we still firmly believe there is a contagium."

Decalsified-bone Drainage-tubes.—Surgeon Shirley Deakin, F. R. C. S., Eng., I. M. D., writes, in the *Lancet* of October 30th:

In an Indian station, far removed from surgical-instrument-makers, drainage-tubes are not often procurable, gutta-percha tubing even not being included among the articles of the small local store which does duty for a shop. Though native workmen are clever enough at copying an article from a pattern, they are very stupid in working from an engraving. Further, as regards bone drainage-tubes, all respectable Hindoos have serious caste objections to touching bones, so that there might be difficulty in getting a workman to turn bone tubes after the method suggested by Dr. Neuber, of Kiel, as given in MacCormac's *Antiseptic Surgery*.

In the long bones of the limbs of poultry and small birds I have found capital drainage-tubes ready turned to hand. The bones, collected by the cook and well boiled to free them from the soft parts, are soaked for about ten hours in a mixture of one part of hydrochloric acid and two parts of water. Immersed for this time, they become sufficiently soft and flexible for use, and to be cut with ordinary scissors. The ends of the bone are now cut off with a pair of scissors, and the medullary canal well cleaned out with a thick wire or rat-tailed file. The bone tubes should then be boiled in a five-per-cent solution of carbolic acid, to which some borax—an antiseptic procurable in every bazaar at a very cheap rate—has been added. The tubes are to be kept in a five-per-cent solution of carbolic oil. If the ends of the bones are cut off with bone-nippers before being decalcified, they are very apt to split. If soaked too long in acid, the walls of the bone tube become too soft and gelatinous, and the lumen is liable to be closed by the pressure exerted by the edges of the wound into which the tube is inserted.

Case of Resuscitation after Two Hours and Twenty Minutes.—R. J. M. Coffin, F. R. C. P., Ed., writes, in the *British Med. Journal*, October 23d: On September 12, 1877, I was called to a lady in labor in South Kensington, and found that her child had been born nearly an hour. Though there were two married women in the room, the child had been allowed to turn on its face, and so became asphyxiated. I found a slight flutter at the heart, which ceased in a few minutes. The child was partially wrapped in flannel and placed in front of the fire, while I adopted Dr. Sylvester's method for suspended animation. After a little more than an hour it gave a catching kind of sob. I persevered, and at the end of two hours and twenty minutes the child's breathing was perfect, and has grown to be a fine, healthy child.

Thoracopagus Parasiticus Acephalus.—Dr. Pippingskiöld describes, in the *Finska Läkarsällsk. Handlingar* (*Nordiskt Medicin. Arkiv*), a rare malformation which was sent to him by Dr. Hellström, of Gamla Karleby (*British Medical Journal*). From the chest of a strong and fully developed infant there proceeded two arms with hands and fingers, and, at some distance from them, with an intermediate rudimentary body, perfectly developed nates with corresponding lower limbs. These four duplicate extremities exhibited some movements during life, but more slowly than the proper limbs of the child. The child died at the end of fourteen days. The malformation was of the kind known as thoracopagus parasiticus acephalus.

A Case of Hysterical Blindness with Spasmodic Squint.—Dr. W. Manz describes the following case in the *Centralblatt für prakt. Augenheilkunde* for May, 1880 (*British Med. Journal*). A nervous young lady, of weak constitution, was suddenly attacked, while the subject of headache, with convergent strabismus, especially of the right eye. At the same time a high degree of amblyopia set in, along with concentric narrowing of the field of vision and spasm of accommodation. Ophthalmoscopic examination revealed nothing beyond a doubtful anomaly of formation, probably due to nerve-fibers with a double contour. The patient had almost completely recovered from the condition above described at the end of eight weeks; while it lasted, clonic convulsions occurred several times. A short time after the patient had been dismissed a relapse occurred, in which, in addition to the previous symptoms, there was transient anesthesia of the first and second divisions of the fifth nerve. The relapse disappeared at the end of three weeks, and was after a few days succeeded by a third, which lasted about four weeks, and left slight impairment of visual acuity with asthenopic troubles.

Acute Articular Rheumatism.—Thoresen has analyzed (*Norsk Magazin for Lægevidensk. Nord. Medicin. Archiv*) the conditions of two hundred and seventy-seven cases of acute articular rheumatism, which have been under his care during the last twenty-five years. He has not been able to find any connection between the frequency of the disease and the state of the weather, the temperature, or the amount of moisture; and, after distributing the cases of the disease among the different months, he can not assign to articular rheumatism any place as a representative of a fixed morbid constitution. Upon the other hand, he has found that the cases of rheumatism diminish in proportion to the height above the level of the sea, and increase in proportion as this is approached. His professional colleagues practicing in the higher regions have informed him that acute rheumatism is almost unknown to them. He believes that acute articular rheumatism is an infective disease, which, like intermittent fever, belongs to the diseases of low lands. Cold, he thinks, has been overrated as a cause. The good effects of salicylic acid are regarded by Thoresen as confirmatory of his idea that rheumatic fever is an infective (malarious?) disease.—*British Med. Journal*.

Worms in Children.—Prof. J. Mathews Duncan, the eminent obstetrician, says I have never seen a case of vulvitis that I could ascribe to worms. I believe this is an illustration of the injurious tendency to repeat what has been said before. Because one author of repute says a thing every one repeats it. You have been taught that worms cause convulsions in children. I never saw a case of convulsions that I could reasonably trace to worms, a case of worms that caused convulsions.

A case of abscess of the left ovary, opening into the rectum, under the care of Dr. Allchin, at Westminster Hospital, is reported in the *Med. Times and Gazette* of October 30th. The patient died.

Three cases of paralysis of the left vocal cord, occurring in the Throat Department, University College Hospital, under the care of Dr. Poore, are reported in the *Lancet* of October 23d.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. X.

LOUISVILLE, NOVEMBER 27, 1880.

No. 22.

B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE death of Dr. Thomas Wood, of Cincinnati, is announced. He held during life a very prominent position among the surgeons of the West; was at one time connected with the Ohio Medical College, the Dental College, and for a time edited the Western Lancet. Dr. Wood was very much beloved by an immense circle of friends, and his death entails a great social and professional loss. He died from blood-poison contracted while attending the wounded in a late railway accident. He had once before, after the battle of Shiloh, been poisoned in a similar manner, but escaped with the loss of a portion of his thumb. He was in his sixty-seventh year at the time of his death.

BUCHANAN, the diploma-monger, is got again. The courts have adjudged him guilty of bogus suicide and attempt to defraud the state of the amount of his recognizance—five thousand dollars. The special matter of his bogus diplomas has not yet been reached, and somehow or other we fear the wily old devil will prove too much for even his determined pursuers.

THE schools of Louisville are reported as in a prosperous condition. The loss to attendance by the rise of fees amounts to about twenty per cent. It is to be hoped—and there ought to be no doubt about the matter—there will be concert of action next year among all competing establishments.

VOL. X.—No. 22

A CIRCULAR of the Messrs. Houghton, Mifflin & Co. announces that on the 1st of January Dr. J. Collins Warren will retire from the editorial chair of the Boston Medical Journal, and will be succeeded by Dr. Shattuck. Dr. Warren has conducted the Journal with wonderful ability. During his regime its shape was changed from one bordering on the provincial to its present metropolitan proportions, in which every department is kept up to a first-class standard. Dr. Shattuck succeeds to a great work, and it is pleasing to know that his promise to maintain it is excellent.

THE paper of Professor Briggs on Intestinal Obstructions and Operative Measures for their Relief, which was read before the Tri-States Society at Evansville, is republished in the Indiana Medical Journal. It is the work of an excellent writer and bold operator, and will prove of immense interest to those seeking evidence upon the momentous question of which it treats.

THE Board of Trade of New Orleans acknowledges the indebtedness of Louisiana to the Signal Service in the preservation of the sugar crops of the state. The timely warning of Old Prob allowed the planters to stir around in season to save the cane.

DR. ABRAHAM OWEN, the new president of the Tri-States Medical Society, was nominated and elected upon the site where his father, forty years ago, studied medicine in the office of the great Daniel Drake.

Original.

A NICKEL IN THE PHARYNX DISLODGED AFTER EIGHT YEARS AND TWO MONTHS.

BY DON SINGLETARY, M. D.

In 1876 I was called to see Mollie Dodson, aged seven years, and found her suffering with broncho-pneumonitis. She is a farmer's daughter, and the family history is good; was born October 13, 1869, and had been healthy and robust till February 26, 1872. At this time, while playing with a nickel, she swallowed it. She suffered much. Dr. Reno was called, and he treated her through a case of "pneumonia." During that year she had two other attacks of "pneumonia," and one or two attacks each year after. From the day of the accident she was delicate, short of breath, could not play much, and had a melancholy appearance generally. She ate very slowly and with great care, for she could not swallow any solid food, such as lean meat, chicken, etc. Nor could she eat dry bread. It was always necessary for her to have some fluid when she ate, that her food might be washed down. Her throat was sore during the first year; her stomach irritable, and she vomited often with great difficulty.

More than four years had passed when I first saw her, and it was with much suffering that she recovered from broncho-pneumonitis. I then told the parents that the nickel was lodged, and was the prime cause of all her troubles, and, if they would bring her to my office when she was well, that I would extract it if the surroundings would justify me. At the same time, I told them that she might die when the nickel was dislodged, but if it remained she would surely die of its effects. They could not realize that it was still there, from the fact that four doctors had attended her at times during her many attacks, and not one had claimed that the nickel was lodged, but, to the contrary, one of them said that it had no connection in any way with her sickness.

On the night of April 27, 1880, she vomited some half gallon of matter, intermixed with "blood and corruption." This was just eight years, two months, and one day from the accident, and twelve days later (May 9th) she passed the nickel per anum. The nickel is quite black and corroded, and yet it presents every feature plainly. It weighs eight grains less than an ordinary nickel, and as it was probably new at that

time it may have lost more than eight grains.

Miss Mollie D. is now well, hearty, robust, playful; and can run, play, jump, holla, talk, eat, etc., the same as other children—a thing that has heretofore been entirely unknown of her. She is improved in growth, weight, color, and voice very much.

I have examined all the records at my command and am unable to find a parallel. I find many cases of foreign bodies in the pharynx and esophagus, but all of short duration, save one reported in Erichsen, where a man swallowed a piece of gutta-percha, and it remained in the gullet a little more than six months and was vomited up, but the man fell down dead.

ARLINGTON, KY.

Correspondence.

A CASE OF UMBILICAL HEMORRHAGE.

To the Editors of the Louisville Medical News:

On the 13th of October, about 3 o'clock A.M., I was called to a negro woman of nineteen in her first labor. After a comparatively easy labor she was delivered of a fine male child. Next day I called to see the mother and child and found them getting on well. That evening, about 8 o'clock, I was summoned to the child, the father saying it was bleeding to death from the navel. I found the child bleeding from a fissure where the umbilical cord joined the abdominal walls. The blood was oozing from the opening and flowing down the side of the abdomen in a small stream. I applied scrapings of leather saturated in a mixture of tinct. of iron and acetate of lead, and put a tight band around the body over the umbilicus. The bleeding ceased for about ten minutes, and then recommenced, but not so profusely as at first. I then ordered some persulphate of iron, but before the medicine came the hemorrhage had ceased. I directed some of the iron to be sprinkled over the source of the hemorrhage, and a pad wet in the iron solution be placed over the umbilicus, a tight binder over it around the child, and that it should not be taken off for three days. No more hemorrhage occurred, and the child made a good recovery.

J. E. WALL, M. D.

CARTHAGE, TEXAS.

A SNOWY Thanksgiving in Kentucky.

Books and Pamphlets.

A TREATISE ON DIPHTHERIA. By A. Jacobi, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York; Physician to Bellevue, Mount Sinai, and the German hospitals; etc. New York: Wm. Wood & Co. 27 Great Jones Street. 1880. For sale by John P. Morton & Co., Louisville.

TEXT-BOOK OF THE PHYSIOLOGICAL CHEMISTRY OF THE ANIMAL BODY, including an account of the Chemical Changes occurring in Disease. By Arthur Gamgee, M.D. F.R.S., Professor in the Victoria University, Manchester; Brackenburgh Professor of Physiology in Owens College. With illustrations. Vol. I. London: McMillan & Co. 1880. For sale by John P. Morton & Co., Louisville.

THE ORTHOPRAGMS OF THE SPINE: An Essay on the Curative Mechanisms applicable to Spinal Curvature. Exemplified by a typical collection lately presented to the Parke's Museum of Hygiene, University College, London. By Robert Heather Bigg. London: J. & A. Churchill, New Burlington Street. 1880.

CUTANEOUS AND VENEREAL MEMORANDA. By Henry G. Piffard, A.M., M.D., Professor of Dermatology, University of the City of New York; Surgeon to Charity Hospital, etc.; and George Henry Fox, A.M., M.D., Surgeon to the New York Dispensary; Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; etc. Second edition. New York: Wm. Wood & Co., 27 Great Jones Street. 1880. For sale by John P. Morton & Co., Louisville.

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A DEVICE TO FACILITATE THE REMOVAL OF DEEP WIRE SUTURES IN THE OPERATION FOR RUPTURED PERINEUM. By Aug. F. Erich, M.D., Professor of Diseases of Women, College of Physicians and Surgeons, Baltimore, Md. Reprint from Maryland Medical Journal.

A TREATISE ON THERAPEUTICS. Translated by D. F. Lincoln, M.D., from French of A. Trousseau, Professor of Therapeutics in the Faculty of Medicine of Paris, Physician to the Hôtel Dieu, Member of the Academy of Medicine, Commander of the Legion of Honor, ex-Representative of the People in the Constituent Assembly, etc.; and H. Pidoux, Member of the Academy of Medicine, Honorary Physician to the Hospitals, Inspector of Eaux-Bonnes, Honorary President of the Société de Thérapeutique, Honorary Member of the Royal Belgian Academy of Medicine, etc. Ninth edition, revised and enlarged, with the assistance of Constantine Paul, Professor Agrégé in the Faculty of Medicine of Paris, Physician to the Hôpital St. Antoine, Secrétaire-général of the Société de Thérapeutique. Vol. III. New York: Wm. Wood & Co., 27 Great Jones St. 1880. For sale by John P. Morton & Co., Louisville.

OPHTHALMIC AND OTIC MEMORANDA. By D. B. St. John Roosa, M.D., Professor of Ophthalmology in the University of the City of New York, Professor of Ophthalmology and Otology in the University of Vermont, Surgeon to the Manhattan Eye and Ear Hospital; and Edward T. Ely, M.D., Assistant to the Chair of Ophthalmology, University of City of New York; Assistant Surgeon, Manhattan Eye and Ear Hospital; Surgeon to Charity Hospital. Revised edition. New York: William Wood & Co. 1880. For sale by John P. Morton & Co., Louisville.

SEVEN CASES OF RETROFLEXION OF THE UTERUS WITH PERITONEAL ADHESIONS OF THE FUNDUS IN THE HOLLOW OF THE SACRUM, TREATED BY FORCIBLE SEPARATION OF ADHESIONS. By Aug. F. Erich, M.D., Professor of Diseases of Women in the College of Physicians and Surgeons, Baltimore, Md.; Surgeon in Charge of the Maryland Woman's Hospital, etc. Reprint from American Journal of Obstetrics and Diseases of Women and Children, October, 1880.

A CASE OF COMBINED INTRA-UTERINE AND ABDOMINAL PREGNANCY; the first child born naturally at eight months, the second delivered alive at term by laparotomy. By H. P. C. Wilson, M.D., President of the Medical and Chirurgical Faculty of Maryland and of the Baltimore Academy of Medicine, Gynecologist to St. Vincent's Hospital and the Union Protestant Infirmary, Consulting Physician to St. Agnes Hospital, Fellow of the American Gynecological Society, etc. Reprint from American Journal of Obstetrics and Diseases of Women and Children, October, 1880.

Pharmaceutical.

CASCARA SAGRADA.—The Cascara Sagrada, for whose introduction to the profession we are indebted to the Messrs. Parke, Davis & Co., has proved an excellent remedy in constipation. It may be remembered that when it was introduced a rival firm was active in denouncing the preparation as both bogus and bad. Time seems to have convinced them of the contrary, and they now issue a preparation of their own.

Miscellany.

OPIUM—ALCOHOL—TEA.—The time has apparently come round again for an outburst against the opium traffic with China, and as usual all kinds of wild stories are being propagated as to the injuries thus inflicted on the poor Chinese—how the opium traffic has been forced upon them, how they have rebelled against it, and so forth (Medical Times Gazette). The questions in dispute resolve themselves into two: First, whether the opium traffic has been forced upon the Chinese? and secondly (which is the only point that concerns us), is this traffic an unmitigated evil? A sufficient answer to the question as to whether we are justified in selling opium to the Chinese is simply this: That the Chinese will have opium, and if we do not supply it others will, or, as is now very largely the case, they will soon grow it themselves; and surely no one will contend that such a traffic as that which went on for many years in smuggling opium is more conducive to morality than that which is carried on in the light of day under due regulations and with legal authority. We have been specially induced to make some observations on the subject by a paper from the pen of Deputy Surgeon-general J. W. Moore, who has in two successive numbers of the Indian Medical Gazette written on opium and the opium traffic. His object is to show that the moderate use of opium is not more deleterious than the moderate use of alcohol; that its excessive use or abuse should rightly be compared with the excessive use of alcohol; and that the pictures of the two should go side by side; that the effects of the excessive use of opium should not be taken as constituting a true likeness of what it produces when used in moderation, and that so used it is often beneficial. There is much truth in all this, but neither is it the whole truth. We know many substances, among which opium takes a prominent place, have the effect of enabling men to go through much fatigue and labor of the most depressing and exhausting kind, without for the time feeling its effects. Alcohol, too, has the same influence, but in a different degree; but there is probably an essential difference between the two processes. Opium, as we take it, has the effect first of all of quickening the circulation, but if taken by the uninitiated in more than the smallest appreciable quantity it dulls sensation and lowers all forms of vital activity. But if not carried

too far this condition is not incompatible with great and prolonged exertion coupled with diminished or retarded tissue-change. But *ex nihilo nihil fit*, and opium is not food, so that sooner or later the bodily loss requires to be made up somehow. So, too, of alcohol, but in a different degree; the stimulant effects of alcohol are more marked than those of opium. By its action on the cutaneous capillaries, more immediately apparent than that of opium, it gives a sensation of heat, and may often do good by diverting blood from the portal system, especially in malarious regions; but if it acts more speedily than does opium its effects sooner pass away, and the reaction being more sudden is felt more acutely accordingly. Both are useful in their way, but their place and power are not identical. Moreover, if we mistake not, out of alcohol some force must be developed—all the alcohol which is consumed is certainly not eliminated as alcohol; and if it undergoes any chemical change at all the change must be of such a nature as to develop force in some form. In point of fact, the use, or rather the abuse of the two would seem to necessitate different conditions. We can hardly imagine northern races, compelled by the rude necessity of life to maintain an active existence, taking to the excessive use of opium. But to races living under different conditions, especially those whose idea of eternal happiness is eternal stillness and rest, we can easily imagine that the use of opium in excess would be especially seductive. But here we tread on the ground already indicated. Between the use of opium as an aid and support during excessive and prolonged labor, and its abuse as a means of procuring a temporary and passing sample of the great rest promised to all true followers of Buddha, there is a great gulf—great, indeed, as that which exists between the use of alcohol as an aid to digestion and a grateful fillip during hard mental or bodily labor, and its abuse by one who gets drunk for the sake of getting drunk, and to whom the form of alcohol is immaterial so long as the desired effect is attained.

There is, however, one point which we have never seen cleared up to our satisfaction. We know this—that men may go on all their lives taking their glass or two of wine every day, never desiring more, and never acquiring the habitual craving for alcohol. They miss their daily allowance if withdrawn, just as they would miss any thing else to which they are accustomed; but there

is no craving, to be gratified at all hazards, as in the true alcoholic habit. How far is this true of opium? We have all read of those who, from some cause or other, had been inveigled into its use, and that thence the advance or retrogression to its abuse is sure and certain, however slow. Here, however, the drug has been taken for a definite purpose, to produce a given set of sensations or impressions; and to keep these up the quantity must from time to time be increased. But the point we want to ascertain is whether, when opium is taken as a substitute for food, or as a means of enabling the partaker to undergo unwonted fatigue, this quantity requires from time to time to be increased, or whether it remains the same throughout life; and whether such a use of opium ever gives rise to what is called the opium habit.

But tea, that panacea for all human ills, is no longer to escape the lash of the inquiring physician. Dr. Heath, of Newcastle, has been the last to raise up his voice against it. But it has long been a fact familiar to us that tea is a most fruitful source of dyspepsia, and not unfrequently one of the chief agents in producing the unhallowed craving for gin which teatotalers so strenuously denounce. Among the vast numbers of poor women who frequent the out-patient rooms of our London hospitals, we should not be far wrong in saying that two thirds are suffering from dyspepsia. This dyspepsia almost invariably arises from two causes—the want of proper food, and the abuse of articles like tea, which stay the craving for food, but which aggravate the consequent condition of the digestion. The terrible depression which thus results can only be remedied by stimulants of a different class, of which “gin neat,” or “gin and peppermint,” “gin and cloves,” etc. are the type, which, in their turn only make matters worse; and so the unfortunates go on from day to day, till the true gin-habit is strong upon them and they can no longer do without it. Unlimited tea-drinking is not an unlimited blessing, even with the addition of duty-free beet-root sugar.

FEMALE DRUNKENNESS.—There is a serious concurrence of opinion concerning the amount of female drinking that is going on in all classes of society (*Lancet* of October 30th). “Society” journals tell us that ladies only get through the monstrous duties of the London season by the help of stimulants assisted by chloral, and the daily newspapers give painful accounts of the drunk-

eness of poor women. Our contemporary the *Newcastle Chronicle* paints an appalling picture of this state of things in that town. It says, “If the police returns may be taken as a criterion, female drunkenness is fearfully on the increase in Newcastle. Scarcely a day passes but the Bench have a number of feminine inebriates to pass judgment on, and the number of confirmed cases which often come under their consideration is truly lamentable. . . . Among the many on Monday week was a young woman only twenty-one years of age, who actually made her fiftieth appearance, and another, aged forty, who for the forty-ninth time came up to answer the charge.” Similar was the burden of the evidence before the Lords’ Committee. We need not appeal to professional experience; it is only necessary to look about and notice women of all classes and of all ages go in and out of the public house unblushingly, not a few of whom, even in early life, present pictures of physical degeneration and ugliness which might well serve as a warning to their sex.

Whom shall we blame? Society, or the legislature, or the church, or ourselves as medical guides? There was a time when the profession might take a large share of blame; but that is not now. The profession, by its example and by its advice, is on the side of extreme temperance, and is constantly pointing out that alcohol can be taken only in its lighter forms by the ruin of people without harm of some kind. We shall not apportion the blame due to others. Our business is to record facts with the assurance, but without the details, of our own confirmatory evidence. Ladies should come to the rescue of their own sex. They have been slower than gentlemen in accepting the lighter forms of drink, and still evince an absurd preference for strongly-fortified wines and for spirit.

DR. S. W. MITCHELL, well known as one of the ablest of American physicians, finds time to indulge in story-writing in the midst of his busy life. J. B. Lippincott & Co. have just published three of his stories in one volume under the title of *Hephzibah Guinness*.—*British Med. Journal*.

URTICARIA HEPATICA.—In the *Annales de Dermatologie et de Syphiligraphie* M. Vidal mentions that he has twice seen an eruption of urticaria, lasting nearly forty-eight hours, follow capillary puncture of hydatid cysts of the liver.—*Ibid*.

NATIVE PHARMACY.—The following scraps are orders, more or less eccentric, which have at various times been received from customers, showing the ludicrous contortions into which drug idioms are put under perplexing names: Two rows of shell powders (Rochelle powders). "I wants Rochelle powder; which paper is it that buzzes?" Five cents of distracted lemon (extract of lemon). Sulphur and ink for eye-wash (sulphate of zinc). Tyrant's appearance (Tarrant's aperient). Ten cents worth of gentlemen's magnesia (calcined magnesia). Ten cents worth of Rushing salve for an absence. Twenty-five cents of merry-feen (morphine). Absolum salts (Epsom salts). Globular salts (Glauber salts). Trot-cheese (troches). Cod-fish cordial (Godfrey's cordial). Jaynes' expectances (Jaynes' expectorant). Guzzling oil (gargling oil). Conditionary powders (condition powders). Borux plaster (porous plaster). Mrs. Allen's hair reliever (restorer). Salts of demoniac (salts of ammonia). Twenty-five cents of pan panashy (pain panacea). Ten cents worth of suthing for purified sore throat. Blew mast pill, frash made, fora lady; five cents sea manner (blue mass and senna and manna). One bottle of setrat of magnisa. One dose of ante-biles pills. Please send me ether wirm lossengers er wirm all. Sirs, please let me have five cents worth of birth amount for the hair (bergamot oil). A dose of blew mast and colusom for a lady. Ten sents worth of blow maske for the lever. Blew mash and calisser. Two blewmas pills, aged 57 years—(all meaning blue mass, or with colocynth; and in the last it was presumed that the age referred to the lady, and not to the pills). Clo de pot ass. Sesseuse oil (sassafras oil). Nighter a rubururl syrup (Niter and rhubarb syrup). Red paccifficates (red precipitate). Colballack assett (carbolic acid). Oxally gassid (oxalic acid). Grocers supplement (corrosive sublimate). Gumbberabic. Fluckseemeal. Salce of tartar lickrish; heart-sone. Spirit of mourning (spirits of ammonia). Une scents worth of esefetedy. Tincher of eye dye (iodine). Peculiar ointment; also merculer ointment (both meaning mercurial ointment). Poorest plaster (porous). Here's a prescription: Please write the infections on the bottle. Salts Insina; all so a little bottle of anaca please give the inscriptions (salts and senna, a little bottle of arnica, and the directions. Ten cents worth of soda water and slippery elm syrup. And many others too numerous to mention.—*San Francisco Western Lancet.*

THE VOICE.—At a very recent meeting of the Academy of Medicine of Paris, Dr. Krishaber read a very interesting communication detailing his experimental researches on the voice, especially with reference to the intensity of sound. The paper terminated with the following conclusions: 1. The vocal cords, generators of sound, when isolated, produce only very feeble sounds, the musical value of which it is difficult to determine; 2. The intensity of these primary sounds produced by the vocal cords is powerfully reinforced by the pharyngo-buccal and pharyngo-nasal cavities which act as resonators; 3. The vestibule and ventricles of the larynx have no influence on the intensity of the sound in the animal used in the experiments, whose larynx greatly resembles that of man; 4. The voice owes its characteristics of "timbre" to the same sources as those of intensity with this difference, that the timbre of the voice is especially determined by the bucco-nasal cavity, and its intensity by the pharyngeal cavity, the amplitude of which consequently is one of the most essential conditions of the power of the voice.—*Medical Press and Circular.*

CONGENITAL ABSENCE OF THE SPLEEN.—Drs. Kock and Waschmuth, of Altona, cite, in the *Ber. Clin.*, 1879, the following unique case observed in the hospital of that city. Patient, aged forty-nine, male, attacked with typhoid fever. When confirmation of the diagnosis was attempted by percussion over splenic region, it was impossible to obtain dullness. The patient died, and at the autopsy *no trace of spleen could be found*; the splenic artery being also absent. The abdominal viscera were normal.—*Ibid.*

A CLERGICAL TEST FOR TRICHINÆ.—A Holstein peasant, uninstructed in microscopical research, and not possessing the requisite instruments of precision, has devised for himself a new test for the presence of trichinæ in pork (*British Med. Journal*). When he kills a pig he is careful to send a portion of it—a ham or a sausage—to his pastor, and then waits the consequences for fourteen days. If his pastor remains healthy, then he feels perfectly easy in his mind, and well-assured that his pig fulfilled the requisite conditions of soundness of food, and he proceeds to dispose of it accordingly in his own family. This unusual method of research has not been considered satisfactory by the district physician.

THE USE OF IMPURE MATERIALS IN ERECTING BUILDINGS.—W. H. Murray, M.D., writes thus in the *London Lancet* of November 6th: I have felt interested in the discussion going on in the *Lancet* on the above subject, and have been astonished that none of your correspondents have taken notice of the extensive use of putrid matter that is mixed with the plaster in the shape of hair. My attention was drawn to this subject by an outbreak of typhoid fever which raged here some five years ago, and which was almost confined entirely to a district containing a number of newly-built houses—a district, it is true, that was badly supplied with water, but still not to such an extent as altogether to account for the scourge, seeing that the houses which had been inhabited for a length of time were not found to contain the disease to such an extent as those of recent formation. These houses I may mention, had been occupied before the plaster was thoroughly dry, and it occurred to me that the poison might to a large extent be generated in their walls, and have as its origin the decomposing animal matter with which the lime was mixed. My observations have also led me to notice isolated cases of typhoid occurring in country places where the houses were in a defective condition as regards their water-tightness, permitting of rain soaking the walls, and no doubt setting up some chemical action between the lime and hair. That the hair which our plasterers use is a source of danger to the occupants of newly-built houses, as also to those whose habitations are damp from defective roofing or drainage is a fact of which I am thoroughly convinced, and so long as people will be stupid enough to occupy such houses, so long will the evil last; but that a substitute for this putrid animal matter should not have been invented is a disgrace to this enlightened age, and one that will have the serious consideration of our sanitary authorities is my earnest wish.

INTERNATIONAL MEDICAL CONGRESS.—Among others the following medical men have already announced their intention to attend: Prof. Billroth, Wien; Prof. Langenbeck, Berlin; Prof. Volkmann, Halle; Prof. König, Göttingen; Prof. Busch, Bonn; Prof. Frendelenburg, Rostock; Prof. Reyher, St. Petersburg; Prof. Charcot, Paris; Prof. Morache, Bordeaux; Baron Larrey, Paris; Dr. L. Labbé, Paris; Prof. v. Recklinghausen, Strasbourg; Prof. Theod. Schwann; Prof. Spiegelberg, Breslau; Dr. Benedikt, Wien; Prof. Brandes, Aachen; Dr. Bäumlér, Frei-

burg; Dr. Munnich, Berlin; Dr. Mikulicz, Wien; Dr. Fokker, Gröningen; Dr. Bidder, Mannheim; Dr. J. Peczley, Buda-Pesth; Dr. Waldeyer, Strasbourg; Dr. Görtz, Strasbourg; Dr. Königsfeld, Aachen; Dr. Sandre, Oran; Dr. A. Herbert, Paris; Dr. L. Jullien, Paris; Dr. L. Martineau, Paris; Dr. Brachet, Aix-le-Bains; Dr. Lahuppe, Dr. Chervin, Dr. Demons, Bordeaux; Dr. Barr, Geneva; Dr. Joel, Lausanne; Dr. C. Romano, Naples; Dr. S. Giordano, Cannero; Prof. Albanese, Palermo; Prof. Argento, Palermo; Dr. Keyes, New York; Dr. D. W. Yandell, Louisville, Ky.—*London Lancet*, November 6th.

IT WAS THE CAT.—New York Medical Record recounts a startling story of diphtheria spread by a cat. The animal was taken from a house where persons had the disease to a dwelling in which diphtheria had not been seen. A child soon afterward was bitten by it, the wound quickly becoming painful, was followed by soreness and ulceration of the mouth of the true diphtheritic type. The disease spread to other members of the family, and two children died. The mother, who had been previously ill of another disease, was attacked and died. The inference of the physicians was that the cat had contracted the disease in its home, and communicated it to the child it had bitten.—*Medical Press and Circular*.

MELANCHOLY DEATH OF A DOCTOR.—Last week while Dr. Burns, of Tandragee, a gentleman well known in the district, was at luncheon, a piece of meat stuck in his throat and obstructed the passage. Assistance was immediately rendered, but the obstruction was not removed, and death ensued in a few moments. The coroner held an inquest, and a verdict of accidental death was returned by the jury.—*Ibid*.

CURIOUS IF CORRECT.—At the Clinical Society of Maryland the case of a man suffering from diabetes was mentioned, whose urine, every time he ate raw oysters, increased from 1013 to 1028 or 30 sp. grav. Oysters contain glycogen and a ferment, and should therefore be forbidden in diabetes.—*Western Lancet*.

LEECHES.—Between five and six million leeches, costing a million and a half of francs, were raised in France during the eight years ending 1836. One hundred and eighty-seven thousand pounds of blood were drawn annually during this same period.—*Medical Record*.

A JOKE THAT NOAH CONSIDERED TOO VENERABLY OLD TO LAUGH AT.—A doctor in Scotland made a nerve and bone all-healing salve and thought he would experiment a little with it. He first cut off his dog's tail and applied some of the salve to the stump. A new tail grew out immediately. He then applied some to the tail which he cut off, and a new dog grew out.

[This joke has again started the rounds. We take it from the Independent Practitioner. Several medical journals already have published it lately, and it is likely to erupt in all of them.]

PELLAGRA IN ITALY.—An official statistical report shows a great increase of this horrible disease, reducing some of the provinces to a fearful condition (*Wein. Med. Zeit.*). Of six million of the agricultural population of North Italy, there were at the end of 1879, ninety-eight thousand persons, or more than fifteen per cent, suffering from it. In Venice there were thirty thousand, and in Lombardy forty-one thousand cases. In the province of Brescia, eighty per cent of the agricultural population was affected; in Latium there were only seventy-eight cases; and still further south, where the maize ripens better, and damaged maize-flour is not eaten, the disease is unknown.—*Med. Times and Gazette.*

BEWARE OF CHLOROFORMING WOMEN WITHOUT ATTENDANTS.—At Oakland, California, during July, 1880, a bank-teller, named E. F. Shroeder, killed Dr. Albert Lefevre, a prominent dentist of that place. It appears that Mrs. Shroeder went to the train on the day of the shooting to meet her husband. Mrs. Shroeder told him that on the Saturday previous, while under the influence of chloroform in Dr. Lefevre's office, the dentist made a felonious assault upon her. Shroeder at once proceeded to Dr. Lefevre's office, and committed the tragedy. It is believed that Mrs. Shroeder's charge against the dentist is purely illusory. Such hallucinations after chloroform administrations are common. Some remarkable cases exist where hallucinations of this nature have taken the form of absolute conviction in the minds of persons laboring under them, although there exists abundant evidence to prove that this conviction was utterly unfounded. The coroner's jury rendered a verdict charging Shroeder with murder. We know of an instance in which the presence of a third party saved

a like imputation against the character of an innocent practitioner. The lady, herself beyond reproach, still had such an illusion after recovering from the administration of chloroform, which illusion was only dispelled by the evidence of her lady associate and a servant who were present during the administration of the chloroform.

THE BLACKMAILER.—The Obstetric Gazette says that Rowell's American Newspaper Directory puts the circulation of the Gazette as under five hundred. Yet at Rowell & Co.'s request they were notified that the regular circulation of the Gazette was three times that amount; but then it did not advertise with the Rowells.—*Detroit Lancet.*

AND again: Of Rowell's American Newspaper Directory for 1880 the Philadelphia Med. and Surg. Reporter says it is incorrect in so far as the circulation of the Reporter is concerned. Further, the Reporter says that, as requested, it sent to Messrs. Rowell & Co. a statement, sworn to by the printer, giving the exact circulation of the Reporter. This statement was suppressed and a decidedly lower one entered. Other parties claim that they have been unfairly dealt with. As these parties did not accompany their statement with an advertisement, they are unable to say whether the error occurred through mistake or other reasons.—*Ibid.*

LORD LYTTON ON MEDICAL SERVICES—Princess Christian, on the 29th ult. opened, at St. Leonards-on-Sea, the new buildings for the Hertfordshire Convalescent Home (*British Medical Journal*, November 6th). Lord Lytton, who at the luncheon that was given on the occasion proposed the health of the honorary medical officers, illustrated the value of their services by the following graceful apologue. He said in the wise old literature of India there was a little story told, which forcibly recurred to his mind in connection with the day's proceedings. It was the story of a king who was famous for his virtues, but especially for two which it was not always easy to reconcile—namely, justice and compassion. A dove pursued by a falcon sought refuge with the king. The falcon, however, who was a remarkably, in fact a supernaturally, clever bird—as logical as the late Mr. Mill, and as eloquent as the present Prime Minister—pointed out to the king that he was entitled to his prey; and proceeded, just as if he were a statesman out of office, to impugn the motives of the king,

who, he remarked, shrank from the disagreeable dictates of justice which caused him pain, while indulging at the expense of others in the luxury of compassion. Moved by the falcon's arguments, the king ultimately agreed to give up as much of his own flesh as was equal in weight to that of the dove. Scales were sent for, and the king, drawing his sword, cut from his own body one pound of flesh. But the dove in the opposite scale outweighed it, and the king hacked and hacked and cut at himself until he was little more than a skeleton, still without the desired result. At last, in desperation, he himself jumped into the scale. Then, indeed, did the scale sink, but at the same moment the dove and the falcon rose to heaven and were transfigured; and so, continued the Hindoo chronicle, the king learnt the whole theory and practice of morals, which began and ended in self-sacrifice. That was the moral pointed by this convalescent home, and more particularly by the efforts of the honorary medical officers, who, like the king in the Hindoo story, threw not merely their purses—for time to them was money—but themselves into the scale.

Selections.

Chlorate of Potash in the Hemorrhagic Diathesis.—Alexander Harkin, M.D., Membre Associé Étranger de la Société Française D'Hygiène, Paris (British Med. Journal):

The therapeutic value of chlorate of potash is to a certain extent recognized by the profession. This medicine has not, however, in my mind received the attention to which it is properly entitled. Its sphere of usefulness has a much wider range than has been accorded to it, for there is not in the catalogue of the pharmacopeia, according to my experience, a single remedy so many-sided, whether given alone or in combination, as this crystalline body, the product of the laboratory.

At its introduction this salt was principally recommended as an antidote to scurvy. It is now prescribed for throat-affections, for scarlatina, for low fevers, for blood-poisoning, etc. I am, however, convinced that it will yet be recognized as a most potent agent in the treatment and cure of all maladies dependent on suboxidation, or defective nutrition, secretion, excretion, aëration, and molecular metamorphoses. Nor could it be considered strange that important results should follow its administration, when we remember that the elements of which it is mainly composed—viz. oxygen and potassium—are indispensable to the genesis of healthy arterial blood and to the recuperation of its nutritive powers, when after making the circuit of the system it returns to the heart as venous blood, of darkened color and impaired coagulability.

By the agency of the first-named, chiefly through the organs of respiration, the blood is chemically changed and its vitality renewed by the metamorphosis of the corpuscles. Oxygen is, as we all know, required for other important purposes; notably for the conversion of the phosphorus and sulphur which are found in the protein compounds into phosphoric and sulphuric acids, and their subsequent combination with bases. The other elementary substance, potassium, also operates in the circulation as an oxidizing agent; for, according to Bence Jones, "alkalies furnish, out and in the body, the most marked evidence of assisting in oxidizing actions." This alkali, too, appears to subserve another important purpose, as, according to Franz Simon, "the basic salts of potash and soda in the blood serve for the purpose of combining with the lactic, fatty, uric, and probably carbonic acids that are continually secreted during metamorphosis. (*Vide* Simon's Chemistry, vol. i, p. 152.)

To the general use of the potato, which contains an abundance of potash, combined with a vegetable acid, may fairly be attributed the rarity of scorbutus in modern times. To its absence as an article of food during periods of scarcity and famine, and the substitution of a bread-and-tea or rice diet, I have credited many cases of purpura and scurvy which have come before me. The late Dr. Baly has stated that scurvy was most prevalent in prisons where no potatoes were used. Dr. Garrod, in 1848, demonstrated that scorbutic blood was deficient in potash; and more recently Dr. Dickinson, in the pages of the British Medical Journal, has attributed, with apparent probability, the existence of lardaceous disease to a deficiency of potash in the white corpuscles. The importance of those elements, considered singly, will not be questioned. The consideration then arises, In what manner do those agents, combined as chlorate of potash, act on the system? This can, in the present state of our knowledge, only be guessed at; but judging from analogy, and from the results of observation, it may be surmised that, after the reception of a solution of the salt in the stomach, one portion, obeying the law that governs the action of the nitrate and iodide of potassium, is immediately carried out of the system by the kidneys, and may be detected unchanged in the urine. Another part—borrowing the language of Bence Jones as applied to a soluble salt of iron—"diffuses into the liquor sanguinis, into every texture, into the blood globules and white corpuscles, making a greater formation of hemato-crystalline, and thereby promoting that combination with protagon upon which the formation of new blood globules depends." And further: "By dialysis all crystalloid medicines act as directly on the textures as on the blood; they act according to their chemical power when they enter the textures, and according to the chemical and physical properties of which the different textures are composed." The remainder is supposed to part with three equivalents of oxygen in the blood, leaving as a residuum chloride of potassium, which is found in the urine as well as in the blood, of which it is a normal constituent. The probability of the theory of direct absorption of these equivalents of oxygen is strengthened by observation, which shows that the constitutional changes induced by the persevering use of chlorate of potash are similar to those ascribed by Beddoes, Thornton, Hill, Birch, and other writers to the direct inhalation of oxygen gas; viz. an improvement in color, increase of vital and nervous energy and physical power, and

the more healthful performance of all the nutritive and secretory functions of animal life.

It is, however, with chlorate of potash as a hemostatic remedy that we are at present concerned; and it shall be my endeavor to demonstrate that in its intelligent use will be found a definite remedy for a specific diathesis, thus fulfilling within its own limits the prediction of John Simon, "that the results of empirical and popular observation will be transcended and eclipsed by the positive results of rational pathology; that diseases will presently yield to philosophical investigation what they have refused to blundering quackery; and that within the lifetime of many here there will be a specific treatment of each diathesis founded on an exact knowledge of the physiological laws of its manifestation." (General Pathology, p. 15.)

When we inquire what is the condition of the blood in the hemorrhagic diathesis, we find that it coagulates with difficulty, that it has a soft clot, that it is not buffed, that it shows a diminished proportion of fibrin; and that along with this depraved state of the blood there is a corresponding abnormal delicacy of structure in the capillaries and minute vessels, which are easily torn and are wanting in contractile power and tonicity.

In this condition the slightest cut or scratch may lead to excessive hemorrhage, a trifling contusion to extensive extravasation under the skin. For this dyscrasis an antidote is needed that shall increase the fibrin of the blood, add to its plasticity and chemico-vital constituents, and that shall also tend to restore the contractile power of the capillaries and smaller vessels. That chlorate of potash, whether alone or in combination with a soluble salt of iron, is possessed of these properties, and has the power of controlling the various manifestations of the hemorrhagic diathesis in the human system, an experience extending over more than twenty years has thoroughly convinced me. To detail at length the evidence upon which this conviction is founded is forbidden by the space at my disposal. It shall be my duty, however, to report some examples of the salutary influence of this remedy in several of the most important lesions of this group, and my first illustration shall be drawn from a case of hemorrhage from the bowels.

On December 18, 1867, F. C., a constable, twenty-seven years of age, of spare habit, residing at Boyne Bridge, Belfast, after returning at night from the music hall, found his boots full of blood, the source of which he traced to the rectum. Next day he had medical advice, and remained under the care of several experienced practitioners in hospital until February 14th following, without receiving any benefit. He then sent for me. On examination I could not discover any sign of fissure or hemorrhoids, the blood seeming to flow from a congested state of the mucous membrane of the rectum. I prescribed rest and a mixture composed of one ounce chlorate of potash and twenty ounces of water; dose, one ounce three times daily. After the first day he began to improve, and on the third every trace of the disease had disappeared. With the exception of a slight return after an interval of two years, he has been quite free ever since, one or two doses of the mixture having sufficed to relieve him. I have had occasion to see him officially very often since that time. He is now a strong, robust man, and he attributes the change in his constitution to the use of the mixture, which he persevered with for a time.

Hemophilia: Epistaxis. A. B., aged eighteen, tall,

of florid complexion, engaged in a large concern near Belfast established for the manufacture of the textile fabrics for which that town is remarkable, suffered so much from a continued dropping of blood from the nose, caused by dust from the flax, that he feared he should have to relinquish the business. His family history is remarkable, his father having been subject to many and severe attacks of epistaxis, sometimes persisting, in despite of treatment, for a month at a time. Another member of the family suffered in the same way after the extraction of a tooth; a wound on the skin, as by shaving, giving rise to most troublesome bleeding. Having been asked by a friend, in the end of 1864, to prescribe *in absentia*, I ordered a mixture, which was forwarded to him, containing, as in the previous case, an ounce of the chlorate dissolved in twenty of water, but with the addition of one dram of the tinct. ferri perchloridi; dose same as above. A fortnight after the young man came to thank me for his cure. Nearly five years have since elapsed without a relapse, save upon one occasion, when, having lost a train, he ran a distance of two or three miles, when a slight bleeding occurred, which was staunched by his pocket-handkerchief.

Hematuria Kenalis. W. McN., aged twenty-five, a saddler by trade, residing at Albert Bridge Road, Belfast, of very delicate constitution and deformed spine, and subject to lumbar pains, consulted me in July, 1863, for a very profuse discharge of bloody urine which had troubled him for many months, and for which he had been treated ineffectually by several medical men. The blood came in large quantities—mixed, but not suspended, in the urine—apparently from the kidney. The bladder was healthy and free from calculus, having been carefully sounded by my friend Dr. Murnay. I tried for a time a number of styptics, etc. in vain; among the rest the tincture of iron; when, on recurring to my favorite remedy, and joining to the iron the chlorate of potash in the usual dose, immediate relief was the result. For a period of twelve years the man was subject to periodical returns of the affection, perhaps twice in the year. His custom was to have the prescription renewed, generally without reference to me, and with the same happy result. He was thus enabled to continue at his trade and to assist his friends, until the month of August, 1875, when, having taken a long drive upon a rough road, the hemorrhage recurred with great violence, and the attack terminated fatally in ten days. I had not the opportunity of post-mortem examination.

Purpura Hemorrhagica. I was requested by some charitable ladies, in the summer of 1865, to visit a factory-worker named Hagan, who lived at 58 Mary Street, Falls Road. She had been confined to bed for thirteen weeks, and been carefully attended by the dispensary doctor of her own and the Shankhill districts. I found her much exhausted by a continuous drain of blood proceeding from the gums, nose, bowels, vagina, and bladder. She was profusely covered with purple maculæ upon the chest, arms, legs, and abdomen. Her diet had consisted for months exclusively of bread and tea, alternated with rice, with little milk, potatoes being scarce and dear, and not having any one to cook them. I advised a complete change of diet and prescribed the usual mixture. At the expiry of a week, when I called to see her, she opened the door herself, quite recovered, all bleeding having ceased ere the mixture was finished. As a later example, I may give the case of Sarah Flanagan, aged twelve, an inmate of the St. Patrick In-

dustrial School, Belfast, whom I visited on May 8th, 1878, suffering from bleeding from nose and gums, her body being dotted freely with the characteristic purple spots. In her case two drams of the salt, with thirty minims of the tincture of iron, effected a cure, every trace of the disease having disappeared within a week. Her diet was of course looked after.

Menorrhagia. Miss L., a school-teacher, thirty-eight years old, wan and feeble, very tall and delicate, consulted me for a discharge of blood, which had continued, with short intervals, after a menstrual period several months previous. She suffered from severe pain in the back, from palpitation, and from the other constitutional symptoms consequent upon a continuous drain. She had tried various remedies prescribed by other medical men, without effect. I advised relaxation from her duties for a time and the chlorate-and-iron mixture. I saw her some days afterward. Her color began to improve, the discharge diminished and finally disappeared. The mixture was renewed and taken occasionally as a preventive.

Hemorrhage from the Womb. Mrs. McS., mother of five children, called my attention to a profuse discharge of blood, which had recurred a fortnight after her previous confinement. On examination with the speculum I discovered an abrasion of the os, from which the blood flowed. She was treated topically by the application of strong perchloride of iron and by the internal use of the mixture. The case was rather tedious, but she always spoke of the sustaining power of the mixture, and the sinking feeling which occurred when the dose was intermitted. She recovered in about a fortnight.

Hematemesis: Hemoptysis. There yet remain two highly important lesions for consideration, in the treatment of which, when they can be traced to the hemorrhagic diathesis, this remedy has invariably proved beneficial, especially as its administration need not contra-indicate the use of more energetic hemostatics, such as ergot of rye, ergotin administered hypodermically or otherwise, acetate of lead, ice, tannic or gallic acid, etc., if given at sufficient intervals. In cases of hematemesis due to malignant disease of the stomach, liver, or spleen, and in those cases of hemoptysis caused by hypertrophy of the right ventricle, in pulmonary apoplexy due to a peculiar condition of the parenchyma, or from hemorrhage caused by the breaking down of a tubercular deposit, and the laceration of an artery passing through the deposit, it is not to be expected that a constitutional remedy should be solely depended on; but when a state of pulmonary plethora exists evidenced by an effusion of blood from the mucous membrane, in the absence of pulmonary disorganization, and in those cases where a sudden cessation of an accustomed discharge, menstrual or otherwise, causes congestion of the mucous membrane of the stomach or of the bronchial tubes, and vicarious discharge from either, then the liberal administration of the chlorate of potash and iron will be found as salutary and satisfactory as in the other phases of the disease.

Having thus presented a few typical cases, behind which, had opportunity permitted, I might have marshalled a host of equally striking examples, I have but to remark that while it is the duty and the instinct of the physician, after obtaining satisfactory results from any remedy, to seek for and to theorize upon the *modus operandi* of that remedy, it is wise, while he remains steadfast and immovable upon the basis of practical experience, to advance with diffidence

and reserve the solution which to him appears satisfactory, but which others equally or better fitted to judge may not believe to have passed beyond the region of hypothesis, lest in condemning the superstructure the foundation itself may suffer in their estimation.

Empyema.—Twelve cases are detailed in the Medical Record by Dr. W. S. Cheesman, of Bellevue Hospital. Concerning the treatment of these cases he remarks (San Francisco Western Lancet): It is interesting to observe that most of these cases began as pleurisy with serous effusion, and that in two at least empyema was a sequel of croupous pneumonia. In one half the cases the whole pleural cavity was involved; in half the empyema was encapsulated. Seven cases died, all of whom had been cut; but in two death was due to complications, while in two others the empyema was a concomitant of conditions already fatal in their tendencies. So that in only three cases can death be attributed to empyema alone. Five cases recovered; two *without* operation, the pus having been absorbed, or having undergone calcareous or other changes. In the one case retraction of the side remained; in the other none. Of the three others who got well after operation, one recovered with only a sinus; one with a sinus and retraction of the side; and one with sinus, retraction, and probably waxy liver and kidneys.

In considering these results we are not led to regard incision for empyema as one of the triumphs of surgery. Leaving out those fatal cases in which empyema was complicated with phthisis, erysipelas, etc., three remain whose lives the operation failed to save (though one was in *articulo mortis* when it was done). In case 8 the operation seems to have hastened the patient's death. Of those who recovered after operation, all have sinuses, and two are deformed.

Perhaps it is not unfair to hope that the results might have been better had the patients not been operated on in a large public hospital, where the food is poor, and where nosocomial malaria abounds.

Sulphate of Copper for the Eruption caused by Rhus Toxicodendron, Rhus Radicans, etc.—A. W. Wiseman, Jerusalem, N. C., in the Virginia Med. Monthly:

For the treatment of this eruption I have never used but one remedy, and I have had less trouble with it than with skin-diseases generally; it is the sulphate of copper. It may fail in some acute cases, but this eruption is seldom seen by the physician till the patient has tried salt water, sugar of lead, night shade and cream, etc., and consequently the eruption has reached the mattering stage, as it is called. I have no particular strength for the solution. I always tell the patients to commence with just sufficient to color the solution, and gradually increase the strength until it produces a slight stinging, and to apply it three or four times a day.

This treatment was suggested by the following occurrence, which took place in my neighborhood when I was a child: A negro was mowing on a hot day in a meadow where stood an oak-tree, beneath which the poison-oak had overspread the ground. The negro pulled off his clothes in the evening and wallowed over the swathes of new-mown hay and poison oak, cut down together, under the shade of this tree. He was poisoned all over his body. He became a repulsive object. A foul fluid issued from

his skin. His disease resisted a routine of remedies tried by a physician, who worked upon the case for twelve months, without apparent benefit. The owner of the negro at last, despairing of his recovery, sold him for three hundred dollars, although he was a young, able-bodied slave. The owner's sister bought the negro. She bought *five cents' worth of bluestone*, and it cured the negro.

When I was a child I got poisoned badly. My hands swelled till I could not close my fingers. My face was swollen until my eyes were nearly closed. My mother, who knew all the facts in the above story, sent for some bluestone, and used it as above indicated, and it cured the eruption.

Pilocarpin in Skin-diseases.—Prof. Pick has made numerous trials of pilocarpin in affections of the skin during more than two years in the Prague clinic, giving it internally in doses of one centigram twice a day. In prurigo it has not been found to effect a complete cure—that is, without relapse—but it exerts a decided influence on the pruriginous skin by increasing the activity of the functions of the sudatory and the sebaceous glands, and causing a cessation of the itching. This it does when given alone, and especially in combination with the employment of the usual local agents. The symptoms of prurigo completely disappear for periods varying from four to thirteen months, and never reappear with the same severity when the relapse takes place. In psoriasis it is of no use whatever; and it aggravates moist eczema, but renders great service in chronic eczema. Pruritus cutaneous was cured in the cases of two old men, but failed in a third. A case of pruritus vulvæ was discharged cured after three weeks' treatment, as was one of urticaria chronica after a week's treatment. In alopecia areata no good result was produced; but in ten cases of alopecia pityrodes the scales became softer and less numerous, the fall of hair slighter, and the new growth stronger and better colored.—*Viertelj. für Dermatologie; Medical Times and Gazette.*

Dr. Parvin on Remittent Fever of Puerperal Women.—The reclamation made in your October number, 1880, in behalf of Dr. O. F. Manson, by Dr. Hugh M. Taylor, has greatly interested me (Virginia Med. Monthly). From that reclamation it appears that the malarial puerperal fever, so designated and admirably described by Dr. Fordyce Barker in 1880, had already been recognized and delineated in a contribution to the Virginia Med. and Surg. Journal, by Dr. Manson, 1855, under the name of remittent fever of puerperal women.

So far so well. But were there not heroes before Agamemnon? As early as 1775 Dr. Butter wrote on "puerperal remittent fever." (See Sydenham Society's Diseases Peculiar to Women, 1849.)

In Blundell's Principles and Practice of Obstetrics, London, 1834, the author has several pages devoted to "hydrotic fever." Of hydrotic fever he mentions seven varieties, and of one of these, which he terms the lingering hydrosis, he remarks that "the patient is liable to be assailed with those chills and heats with which the disease opens. These sometimes return at irregular intervals of a few hours, in other cases observing for a time the quotidian period; so that for several evenings in succession—say five or six—she may be attacked with creeping sensations,

slight chills, followed by febricula restlessness and a night without sleep. The whole disease will begin as early as the third day." I think a practitioner of today, at any rate an American practitioner, would most probably very promptly cure a case of Blundell's hydrotic fever, where such periodicity was observed, or a case of Dr. Butter's puerperal remittent fever, by anti-periodic doses of quinine.

A New Physical Sign of Thoracic Aneurism.—At a recent meeting of the Northumberland and Durham Medical Society, Dr. Drummond, of Newcastle, demonstrated a new physical sign which is likely to be of great diagnostic importance in thoracic aneurism. When a patient suffering from aneurism of the thoracic aorta is made to draw a long breath (inspire deeply), and then close the mouth and expire slowly through the nose, short puffing expiratory sounds are heard—synchronous with the systole of the heart—on auscultation of the trachea. Dr. Drummond believes this phenomenon to be due to the sudden systolic expansion of the sac expelling air from the chest. He has found it absent in cases of aortic valvular disease simulating aneurism, but has not yet thoroughly worked out the significance of the sign.—*Med. Press and Circular.*

The Inunction of Castor Oil as a Purgative. R. H. Hilliard, M. D., writes, in the British Medical Journal: The communication of Mr. McNicoll upon this subject, in the British Medical Journal of October 16th, page 620, bears out my own experience of castor oil exhibited in a somewhat similar way. I have frequently applied castor oil to the abdomen, under spongio-piline or other waterproof material, in cases where the usual way of administering by the mouth seemed undesirable, and with the happiest results. Within the last few days, in a case of typhoid fever, I applied half an ounce of castor oil in this manner, under a hot-water fomentation, which relieved the constipation and tympanitic distension which had been present, without undue purging or irritation of the bowels.

Tabes Dorsalis Cured by Nerve-stretching. Dr. Langenbeck reports, in the *Berlin. Wochenschrift*, a case of tabes dorsalis, in which nerve-stretching, conducted under antiseptic precautions, resulted in a complete cure. The left sciatic was first operated on. The motor and sensory paralysis which followed disappeared in a few days. Twelve days subsequently the right sciatic and both crural nerves were stretched, and with the same results. The feebleness which marked the first efforts at locomotion soon passed off, and the ataxic symptoms disappeared.—*London Lancet.*

Purgatives in Phthisis.—M. Ferrand, in his clinical lectures upon Phthisis, recommends that the following mixture should be administered in a cup of tea when it is necessary to relieve constipation in phthisical patients (*Le Progrès Médical*): Calcined magnesia, 2 to 4 grams; manna in tears, 30 to 40 grams. If this laxative has to be taken often, it may be converted into an electuary by the addition of a little honey. In this form a large teaspoonful is to be taken every morning: Manna in tears, 30 grams; calcined magnesia, 4 grams; white honey, 30 grams.—*Practitioner.*

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

ABATTOIRS.

During the coming week New Orleans will have an opportunity of showing that the hospitality so liberally extended during her carnival to those on pleasure bent shall not be withheld from guests who avow a more serious purpose. The sanitarians assemble there in their annual convention to discuss abattoirs and the other malodorous subjects that somebody should take enthusiastic interest in before they can be effectually settled to the lasting benefit of the human family. While engaged with abattoirs, we hope some one skilled in such matters will instruct the western members how to make pork-packing on the large scale a process measurably free from bad smells.

Abattoirs can not be conveniently conducted far from the population that consumes the perishable product, though we believe it to be possible by municipal regulations to remove or destroy the refuse and putrid materials before they are allowed to spoil and devitalize the general air.

No better illustration of the adaptiveness of man to his environment can be shown than that afforded by the denizen of Butchertown, who not only bears its nauseous atmosphere without complaint, but will even maintain its wholesome character. It is said that the officials who spend their lives in navigating the rivers of filth that flow through the Paris sewers are not especially prone to cholera or zymotic disease, and it is likewise asserted here that Butchertown is so healthy as to drive its doctors to

despair. Its summer breeze bears much to their nostrils, but they make it appear that like the ill wind it "blows no good" in the shape of diseases such as sanitary science leads a doctor to expect. Possibly a comparative study, running through a series of years would show that full health of the women and children who remain in its fetid vapors is not so uniform as in other quarters free from this unnatural envelope. Inquiries into the healthfulness of occupations are always made difficult by the bias of self-interest to which the chief witnesses are subject. This often makes a dupe of the witness if it does not blind the investigator. The over-zealous sanitarian sometimes expects grave departures from health to ensue from a fetid atmosphere and overlooks the minor evidences of depressed vigor, such as anemia, dyspepsia, hysterical troubles, and the indefinite morbid states described as bilious. Foul air may not kill nor induce specific disease, but it may make life a burden, and diminishing vital resistance, pave the way for asthenic maladies. Though the evidence that slaughter-houses and their vicinity are unwholesome is not conclusive to some sceptical minds, there is enough to make a judicious one "content to dwell in decencies forever." A craving for stimulants, which is the instinctive expression of a depressed self-feeling, is one effect of continued immersion in impure air.

The abattoirs of Louisville are situated upon the banks of an uncovered sewer called Beargrass Creek, and hard by this offal-laden stream the liquor-seller finds his largest traffic. The most popular drinking resorts are in significant proximity to the slaughter-houses.

H.

Original.

A CASE OF SYPHILIS MASKED.

BY WM. T. CARTER, M. D.

A few weeks since Mr. M. C., a young, intelligent mechanic, applied to me for treatment for what he termed dyspepsia. For more than two years he has digested every meal with more or less distress. He has lost considerable flesh during this time, and at short intervals has been compelled to quit work. All food when taken cold gave rise to painful symptoms, which were not relieved until the stomach by vomiting was emptied of all its contents. He was perfectly familiar with all the anti-dyspeptic remedies. The digestive ferments—pepsin, lactopeptine, and their various combinations, were his favorite household medicines. Of the constructives, malt, maltine, and tonics, he had also partaken largely. His familiarity with the articles usually prescribed for his apparent disease was so great that I despaired of successfully treating his case.

That his digestive and assimilative organs were sadly out of order his very appearance indicated. Believing his stomach had been subjected to enough medication, I concluded to concentrate my skill upon his mouth. His gums were red, tender, and receded from the teeth. The teeth were loose and sensitive, bleeding always after eating or when brushed. To get rid of this trouble I advised the use of a soft brush with an aromatic tooth-powder, and prescribed aromatic sulphuric acid, to be taken three times daily and used locally as a mouth-wash. In the non-specific periosteal inflammations of the alveola and teeth, with or without a deposit of tartar upon the latter, separating them from the gum, no remedy will give greater satisfaction than the one here prescribed. My patient was now dismissed and requested to call again in five days.

About three weeks previous to this interview with Mr. C. I had successfully treated his wife for syphilis. When I first saw her the secondary symptoms were pronouncedly manifest, and the evolution of the tertiary lesions was well under way. While she was under treatment she was so very modest and reticent that I did not ask her name or the number of her residence. Therefore I am satisfied that I could not possibly have discovered the proper relationship existing between the two if he had not called in company with her one evening at my house to

have me lance a gum-boil for her. As soon as he addressed her as his wife I believed that I possessed the key to the solution of his case, and the sequel, I think, fully justifies my supposition. At our next interview he was subjected to a close examination, but I did not find any of the usual evidences of syphilis, excepting that in the last eighteen months his hair had fallen out profusely. He had never had any troublesome skin affection. He was certain that he never had a venereal sore. Had been suffering at times with a sore throat, but it was of a transitory nature, as if produced by common colds. I ordered him to take six grains of iodide of potassium in water three times each day after eating. To those who are in the habit of giving the iodide in large doses this may seem an insufficient quantity, but whenever I find it necessary to give this remedy I invariably begin with a small dose—from five to eight grains—and increase it as the emergency of the case demands. When it is judiciously given it is really marvelous how wonderfully well it does its work in tertiary syphilis.

With Mr. C. so with his wife it banished every vestige of the disease and left no trace behind. In less than three weeks the dyspeptic, emaciated man became hearty, and gained flesh rapidly. When I last saw him, about fifteen days ago, his teeth were firm in their sockets and his digestion was good and entirely painless. If his symptoms return again, which is always possible, I shall finish the cure by the administration of mercury, either alone or alternately with the iodide.

Subsequently Mr. C. has told me that, although he has been married only about a year, his wife has in that short space of time aborted twice. That she had syphilis, and that he transmitted it, there is in my mind no shadow of a doubt. Her symptoms were bold and unmistakable; his were masked and distressing; both readily amenable to anti-syphilitic treatment.

LOUISVILLE.

COCA IN THE OPIUM-HABIT.

BY P. R. HENDERSON, M. D.

Several months ago I noticed an article by Dr. Palmer recommending "coca as a possible cure for the opium-habit;" and as I had under treatment at that time a case which had resisted ordinary treatment, I determined to give the coca a trial. I did so, with the following results:

R. T. P. had for several years taken large doses of laudanum several times a day for what he called "disease of the stomach." Was always complaining, and was low-spirited, sallow, poor, and a dejected, lifeless-looking creature generally. He often took as much as a pint of the tincture of opium per week, and suffered intensely when without it even for a short time. As he said, his disease returned as soon as the laudanum gave out. I told him I at last had found a cure for his "stomach disease," and ordered the coca to be taken in dram doses as often as he felt the disease returning, or whenever he felt that he could no longer do without the laudanum. He used it frequently for two or three days, but gradually lessened the dose and frequency until cured. Since his cure he has rapidly improved in health and strength, both mental and physical; in short, he is a new man.

LOUISVILLE.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

To the Editors of the Louisville Medical News:

Steps are being taken to complete the arrangements for the International Medical Congress, and at the last meeting of the executive committee it was announced that all the leading medical journals of Europe had favorably noticed the intended Congress, and that a great many eminent medical men had announced their intention of coming to London in August. The programmes are provisionally settled in some of the sections, and it will interest your readers to know that among others the following medical men have already announced their intention to attend: Prof. Billroth, Wien; Prof. Langenbeck, Berlin; Prof. Volkmann, Halle; Prof. König, Göttingen; Prof. Busch, Bonn; Prof. Frendelenburg, Rostock; Prof. Reyher, St. Petersburg; Prof. Charcot, Paris; Prof. Morache, Bordeaux; Baron Larrey, Paris; Dr. L. Labbé, Paris; Prof. v. Recklinghausen, Strasbourg; Prof. Theod. Schwann; Prof. Spiegelberg, Breslau; Dr. Benedikt, Wien; Prof. Brandes, Aachen; Dr. Bäumlér, Freiburg; Dr. Munnich, Berlin; Dr. Mikulicz, Wien; Dr. Fokker, Gröningen; Dr. Bidder, Mannheim; Dr. J. Peczley, Buda-Pesth; Dr. Waldeyer, Strasbourg; Dr. Görtz, Strasbourg; Dr. Königsfeld, Aachen; Dr. Sandre, Oran;

Dr. A. Herbert, Paris; Dr. L. Jullien, Paris; Dr. L. Martineau, Paris; Dr. Brachet, Aix-le-Bains; Dr. Lahuppe, Dr. Chervin, Dr. Demons, Bordeaux; Dr. Barr, Geneva; Dr. Joel, Lausanne; Dr. C. Romano, Naples; Dr. S. Giordano, Cannero; Prof. Albanese, Palermo; Prof. Argento, Palermo; Dr. Keyes, New York; Dr. D. W. Yandell, Louisville, Ky.

Meetings of the officers of the various sections have been held, and in several of them a provisional list of subjects for papers and discussion has been drawn up, printed in the three official languages and widely distributed at home and abroad. The following are the provisional lists prepared in the Sections of Surgery, Diseases of Children, Diseases of the Ear, and State Medicine:

Section V. Surgery (Secretaries: H. G. House, Esq., St. Thomas's Street; T. Smith, Esq., Stratford Place). 1. Recent Advances in Abdominal Surgery; 2. On the Surgical Treatment of certain diseased conditions of the kidney; 3. On recent advances in the method of extracting Stone from the Bladder; 4. On the treatment of Operation-wounds; 5. On the treatment of Aneurism by the Elastic Bandage; 6. On the comparative advantages of early and late Resection in Diseases of Joints.

Section VII. Diseases of Children (Secretaries: Dr. H. Donkin, Upper Berkeley Street; R. W. Parker, Esq., Old Cavendish Street). *Medical:* 1. The real position of the so-called Rubeola, Rötheln, or German Measles, and its relation to Scarlatina and Measles; 2. Syphilis as a cause of Rickets; 3. On the different kinds of Spinal Paralysis and Myelitis in children; 4. The conditions governing the occurrence of Albuminuria and of Paralysis as attendant on Diphtheria, or as Sequelæ; 3. The relationship of Chorea to Rheumatism, with especial reference to the nature of the heart-murmur which so frequently attends Chorea; 6. The forms of Acute Tuberculosis other than ordinary Tubercular Meningitis. *Surgical:* 1. The surgical treatment of Croup and Diphtheria. 2. The surgical aspect of Tapping for Empyema; 3. The Pathology and Treatment of Genu Valgum; 4. The treatment of Diseases of the Joints, especially with a view to the prevention of deformity; 5. Treatment of Spinal Curvature with special reference to Sayre's method; 6. The nature of the so-called Surgical Scarlet Fever. Intending contributors, who may deem that some other subject or subjects might with advantage be substituted for any in this list, are requested to send their suggestions to the secretaries of this Section before December 1, 1880.

Section X. Otology (Secretaries: Dr. U. Pritchard, George Street, Hanover Square; Dr. W. L. Purves, Stratford Place). 1. On the value of operations in which the Tympanic Membrane is incised; 2. On Morbid Growths within the Ear, and their treatment; 3. On Loss of Hearing where the external and middle ears are healthy.

Section XIII. State Medicine (Secretaries: Professor Corfield, Bolton Row, Mayfair; Dr. Thorne Thorne, Inverness Terrace, Hyde Park). *First day*—1. Measures by which to prevent the diffusion of different communicable diseases from country to country, or within the limits of any single country, e. g.: (a) Yellow Fever, Cholera, Plague; (b)

Enteric Fever, Scarlet Fever, Measles, Hooping-cough, Diphtheria; (c) Syphilis; (d) Glanders, Hydrophobia, Anthrax. *Second day*—2. Influence of various articles of Food (not including Water) in spreading Parasitic, Zymotic, Tubercular, and other Diseases. *Third day*—3. Conditions to be imposed on the legally qualified practitioners of one country who may seek authority to practice in another country. 4. Precautions to be taken in Medical Nomenclature and Classifications to guard against False Statistical Conclusions.

The prospects of the Congress are very favorable financially, as a large subscription has been made here, most of the leading medical men subscribing from ten to twenty guineas each, and from three to four thousand pounds sterling at least will be forthcoming to cover expenses. It will also be arranged that private hospitality will be exercised upon a large scale, and intimations have been received that a considerable number of medical men have placed at the disposal of the reception committee vacant seats at their tables for eminent foreigners, who may not have private friends in this city. With this view, also, the Physiological Society of London has intimated that it proposes to arrange to invite among its members some of the leading young physiologists from abroad, in order that they may find complete hospitality during their stay here, and not be put to any expense. The great drawback of the Congress is the extreme unpopularity of the president of the executive committee—Dr. Risdon Bennett. This gentleman happens to hold by an accidental conjunction of circumstances the presidency of the College of Physicians, an office, however, which he will cease to hold before the Congress meets, and thus become an *ex-officio* president of the committee. He is, however, personally very unpopular, and has little knowledge either of men or affairs. The consequence is that great disappointment attaches to many appointments which have been made, and especially a very sore feeling exists among the leading professional practitioners that their claims have been overlooked, and that the present heads of sections and officers of sections savor too much of London cliqueism. This feeling has risen to such a pitch that it has become necessary to take steps to lessen it, and a compromise of a very lame kind has been arrived at, by which a council will be added to each section, with the sole view of increasing the number of names which will appear upon the official lists; an abnormal addition to the section, but which will have the advantage of allaying some irritation,

and provide for the printing and publication of the names of gentlemen who think that they ought not to be left in obscurity upon such an occasion. As yet no foreign names whatever have been added to the lists, so that when ultimately the whole list comes to be made up, with all the foreign names added to it, it will be a most portentous document, which probably few people will read.

Dr. Risdon Bennett applied to the General Medical Council to allow the committees to meet in their building, but one unfortunate result of his personal unpopularity is that that request was met by strong opposition from his opponents, and was rejected. These are, however, only minor details, and will not prevent the Congress from being a complete success.

The Gull and Pavy affair is dragging slowly along, and no doubt the usual official course will be followed of protracting the proceedings purposely to the utmost possible extent, in order to allow the matter to be as far as possible forgotten, and to pave the way for a very lenient official sentence, if any. Dr. Pavy's complaint has been lodged, and at the last *comitia* of the College of Surgeons it was intimated that it had been forwarded to Sir William Gull for his observations thereon.

We have had quite a crop of deaths from misadventure—as they are euphemistically called—of young hospital men, who from one cause or another have made an excessive use of chloral, and ultimately taken fatal doses. First Mr. Curt Jackson, then Dr. Amphlett, and now Dr. Pearson Irvine have all ended their lives in this way. The epidemic is spreading downward. This week a student of St. Bartholomew's Hospital took an overdose of chloral, and wrote a letter to the warden begging him to come to his lodgings. All these cases are put down to misadventure. They should not, however, go to the discredit of chloral, as in most of these cases it has done only too efficiently the work which was asked of it.

The frequency of chloroform-deaths in England is leading to a revolution in favor of ether, but which is, however, only too slow. In one medical journal alone seven deaths have been recorded from chloroform during the last nine weeks, and professional feeling is becoming very strong in demanding that nothing but ether shall be used. It seems to be proved that ether is distinctly safer than chloroform. All these cases are published in the British Medical Journal;

and it would be very satisfactory if a distinguished American authority from your side of the Atlantic would give us, in the columns of that or any other medical paper, an authenticated record indicating the relative safety of ether, if it be, as I suppose it is, thoroughly established in medical opinion.

The Guy's Hospital business is in a quiescent stage. Meantime the governors have felt the necessity of yielding tacitly to the wishes of the profession. I understand at the last meeting of the annually appointed taking-in committee of Guy's Hospital, at which, for the first time in the history of the hospital, a joint committee of medical officers and governors have met for the purpose of regulating the internal affairs of the hospital, the treasurer, Mr. Lushington, was very thoroughly snubbed, and the general ruling of the nurses was carried out according to medical wish. The medical men came away thoroughly satisfied with the spirit in which they had been met by the governors taking part in the committee.

Dr. Robert Barnes has, it is said, resigned his appointment at St. George's Hospital as obstetric physician. Dr. Barnes has had so extended and laborious a hospital experience that no one will deny him the right of taking now some well-earned rest from these public duties. Barnes is not a man, however, to remain idle, and I understand he is occupied in preparing a manual of midwifery jointly with his son, Dr. Fancourt Barnes, one of the most rising and scientific of our gynecologists. This manual—which is announced by Smith, Elder & Co.—will be much looked forward to, as we have had no really good manual of midwifery since that of Dr. Tyler Smith. His manual has long been out of print, and various attempts have been made to supply its place; but any one who reads it now will find that, though obsolete in respect to operate details and all the matters in which obstetric practice has progressed since his time, it still remains a masterpiece of clear thought and sound philosophical doctrine; and certainly none who have followed in Dr. Tyler Smith's footsteps have yet been able to produce a work equally valuable to the student and the practitioner. Probably Dr. Robert Barnes is the only man in this country from whom we can expect a manual of a like character. For many years an editorial writer in the *Lancet*, he has always been distinguished for the singular beauty and clearness of his style. He is at the

same time a man of extensive reading and enormous practical experience; he is philosophical in his views and thoroughly practical in his conclusions, an accomplished draughtsman, and a thorough linguist. Dr. Fancourt Barnes possesses many of these accomplishments, although of course he is far from rivaling his father in the great qualities possessed by a naturally vigorous mind and much ripened by a vast experience. Barnes's *Manual of Midwifery* will, I think, probably become a classic.

Dr. Gregg, another obstetrician, is in very hot water for the singular course which he has pursued at the General Lying-in Hospital at Lambeth, where he has stepped in to assist the governors in displacing permanently the staff, who had resigned in consequence of a nursing dispute. Dr. Gregg's conduct has been brought before the council of the Metropolitan Counties Branch of the British Medical Association, and I shall therefore not comment upon it here; but it is fortunate for us that we have now, through the medium of this Association, a legal organization in every great city and in every county, to which questions of the kind can be referred, and whose decisions are authoritative and effective. Dr. Gregg will have the opportunity of justifying himself; and if he fails to do so, the decision of the branch against him will have a valuable effect, it is hoped, on his conduct, and certainly a good influence on professional opinion generally.

To the Editors of the Louisville Medical News:

Your weekly edition reaches me regularly, away out here at the base of the grand old Rockies, and gives so much pleasure and instruction that I am constrained, by the natural emotions of gratitude common to our profession, to try and send you something in return though ever so inadequate. I have the greater inducement because of a short paragraph contained in your issue of November 6th, in which your friend gives a rather unfavorable account of Colorado. I fancy I have some knowledge of this gentleman and his family. If so the gentleman and a portion of his family came out in the latter part of July, and from the South. He located himself at Manitou, on a small mountain-stream that is necessarily the sewer for three or four thousand people—hotels, private residences, livery-stables, camps, etc.—and his residence was just below the only bathing establishment in the place, which

was used quite freely. That he and some other members of his family had an attack of remittent or bilious fever is not to be wondered at, especially when excited by other and manifest causes; but that we have malarial, autumnal, and climatic fevers here no one can deny; and why not? Your own assertion that "where there is sunshine and water there will be malaria" is true. The sunshine is here as no other land on earth has it, and water during the summer months there is in all the profusion of nature, and that poured down on a porous, gravelly soil. What else do we require in the formula? "Decaying vegetation." But we don't have it, and neither do many other malarial districts of which we know; and therefore we "own up." It would amuse you, though, to hear some of our *confrères* "dodging the question" and discussing the causes. We have the so-called mountain fever (typhomalarial), typhoid, and the "bilious remittent," besides some fevers of a mixed or catarrhal type, and they differ but little, except in range of temperature, from the same fevers in our own "solid, sunny South" and Middle and Western States. Withal, though, we have the *ne plus ultra* of all the climates on "our Father's footstool." What would you say to six days of glorious sunshine out of seven for nine months of the year? What would you say to see the streets and drives, the finest in all the world, crowded with pedestrians, buggies, carriages, and fleet horses, with delicate women, handsome, blooming damsels, and poor consumptives, walking or riding thereon, with the thermometer marking ten to fifteen degrees below zero? There is scarcely a day that the tuberculous patient can not inhale the life-giving "zephyr" so necessary to his or her restoration—at least so regarded from the days of our Father and Master, Hippocrates, as you no doubt teach.

That our climate is not perfect is as true as that "there are none good; no, not one." We have some days, and nights too, in which the wind blows, and that makes us "mind the weather."

As to the health-giving properties of our rocky breezes none can deny; but as long as the fiat that "unto dust thou shalt return" stands as the law of God, there never will be found a climate, a drug, a formula that will give lost health back to all. And right here let me say that to the want of information, the lack of proper judgment exercised, the fallibility of us poor doctors, is due the fact that so many poor invalids

come here to suffer and to die—come only to prevent the crowding of the columns of the death-list of their physicians at home. "'T was ever thus," as you well know. Let our *confrères* but exercise judgment enlightened by information, and this will stand unrivaled as the sanitarium of our globe.

We have here every possible variation of altitude and climate, with the great desideratum of winter and spring dryness and rarity. We have the plains, the valleys, the mountains—high and higher—grand cañons and beautiful parks, rock-crowned elevations assuming all the most fantastic shapes and positions, at once impressing the mind of the beholder with the fact that "God our Father" has been here, and is now. In fact, as an old and weather-beaten miner once remarked in my presence, "this is God's country."

Knowing, as you do, how many come here but to die, you will very naturally ask, Whom should we send to that Elysium? Well, I can tell you whom *not* to send. Do not send any one here with large cavities or miliary tuberculosis far advanced, or with the diarrheas indicative of an involvement of the alimentary canal, or persons suffering with organic heart-troubles or organic nervous affections.

You can with safety send your cases of "broncho-pneumonias" in the earlier stages, chronic catarrhal bronchitis, chronic nasal catarrh, asthma, *et id omne genus*, and the various functional troubles of women. But do not assure your patient that a few months of stay here, depending alone upon the climate, will effect a cure, especially the chronic lung-cases and asthma, for of the latter disease, or symptoms of disease, as our friend Thomson, of Paducah, says, "we can't almost always sometimes tell." In other words, its causes are hydra-headed, and should always be properly investigated and treated *do nevo*. It's "powerful unsartain," as our friends and neighbors, the "Utes," have the reputation of being. We have also in this "range" and near to us the far-famed "Thermic Crates," so wonderful as an adjuvant in the cure of rheumatism, neuralgia, and their congeners, cuticular diseases, and that bane of our race, syphilis, and all its kin people. We have in direct and close connection by rail with the comprehensive East, at the head of the Grand Cañon of the Arkansas, at the mouth of Poncha Pass, sixty-seven hot springs, equal in temperature and similar in chemical composition to those of Arkansas. With this great ad-

vantage to so many consumptives and asthmatics who suffer from rheumatism, syphilis, etc., they have an elevation exceeding seven thousand feet at the hotels, and a possible elevation for the patient near by of many more thousand feet. These springs are within sixty miles of Leadville on the railroad running east, and on the direct line of extension of the Great Rio Grande & Denver System to the Gunnison and San Juan countries, now looming into such prominence. Our own little city of five thousand souls is located upon the D. & R. G. R. R. seventy-five miles south of Denver and six miles east of Manitou. It is the most beautiful city of the West; laid off into broad avenues, wide streets, and splendid parks, each side of each street lined with beautiful trees and a stream of pure, limpid water running down each border, lengthwise and crosswise, brought from Pike's Peak, thirteen miles away. We are protected upon three sides by foot hills and mountain ranges from the storms and snows of winter, and therefore not subject to the great and rapid variations of temperature, and in summer we "South-land fellows" have to sleep under two heavy blankets every night; and we sleep, never doubt. And we have churches of every denomination, public schools and colleges free to all. In fact we are not upon the frontier, but in the midst of a grand civilization, as is evidenced by the fact that we have only one medical journal and "nary" medical college.

J. W. COLLINS.

COLORADO SPRINGS, COL.

Books and Pamphlets.

THE MEDICAL-RECORD VISITING-LIST, OR PHYSICIANS' DIARY FOR 1881. New York: Wm. Wood & Co. For sale by John P. Morton & Co., Louisville.

ATRESIA OF THE GENITAL PASSAGES OF WOMEN. By Edw. W. Jenks, M.D., LL.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology in Chicago Medical College. Read before the Chicago Medical Society, July 19, 1880.

A CONTRIBUTION TO THE STUDY OF INFLAMMATION AS ILLUSTRATED BY INDUCED KERATITIS. By W. T. Councilman, M.D. Prize Essay of the Baltimore Academy of Medicine. Reprint from Journal of Physiology.

THE SYMPTOMS OF SEXUAL EXHAUSTION (SEXUAL NEURASTHENIA). By George M. Beard, A.M., M.D., Fellow of the New York Academy of Medicine, Vice-president of the American Academy of Medicine, Member of the American Neurological Association, etc. Reprint from Independent Practitioner, May and June, 1880.

Miscellany.

CORPOREAL PUNISHMENT.—In the Standard last week there were reported two cases in which schoolmasters were charged with assaults committed upon pupils under their care. In each case a fine of forty shillings and costs was inflicted, and it must be admitted the result of the magistrate's decisions were in accordance with the spirit which ought to dictate such rulings (Medical Press and Circular). The offenses were committed, as is too often the case in schools, without any consideration being had to the possible evil consequences of improper punishment of young boys. In one instance, for refusing to eat food he objected to, and further rebelling against the form of penance imposed upon him, a pupil of St. Mary's College, Richmond, was thrashed with a cane by the principal of the institution, being first dragged from bed by two assistant masters, who held him during the castigation. He was then imprisoned all night in a room containing only a bed and mattress, *his sole covering being a night-shirt*. In the second case the head master of St. James-the-Less National Schools, Westminster, assaulted a boy aged eight by severely beating him about the head because of his inability to return answers to certain *Scripture questions* set him. The magistrates before whom these cases were heard very rightly characterized them as most improper punishment, and referred to the injury which might, and possibly will, ensue, especially in the second case. There is far too much of the promiscuous knocking about of young boys indulged in by schoolmasters, and the occasional summoning of a few of the worst instances will exercise a wholesome influence in repressing a form of chastisement as mischievous as uncalled for.

BARTHOLOW'S PRACTICE OF MEDICINE.—Careful examination of the book has induced us (Detroit Lancet) to regard it as an excellent condensation of Bartholow's clinical experience, of Bartholow's able and varied study of other writers, of Bartholow's experimentation, and of Bartholow's post-mortem investigations. Thus the book is intensely individual—a feature that will render it popular with those who desire one to do their thinking for them. In this respect it probably surpasses any compilation upon practice of medicine prepared in our day.

THE CAUSES OF INSANITY.—After referring to the alleged causes of insanity in the patients admitted to the Lancashire County Asylum during 1879, Dr. Cassidy, the medical superintendent, argues that there is an anatomical and physiological substratum beneath these so-called causes which it is greatly more difficult to reach (*Med. Press and Circular*). For instance, among 13,309 admissions into asylums in England and Wales in 1878, the causation of insanity was attributed in 1,951 cases to intemperance in drink, in seventy-eight cases to pregnancy, and in one hundred and two to fevers. If we consider the extent to which these three so-called causes flourish in this kingdom, it seems fair to conclude that they have less to do with the insanity with which they are occasionally associated than has the weak and unstable nervous organization on which they act. The secret of that anatomical brain structure, the quality of those tender cells which is associated with the proclivity to insanity, has not yet, however, been revealed to us, and it may be long before it is so.

HOMEOPATHY.—The London *Lancet* thus concludes a reference to the recent Homeopathic Congress at Leeds: "At the dinner in the evening Dr. Yeldham tried to speak comfortably to his brethren on the subject of the slow progress of homeopathy (*Boston Medical and Surgical Journal*). He thought great reforms were always slow, but considering the reasonableness of the age and the fast rate at which truth and falsehood are exposed, it is certainly becoming a serious argument against homeopathy that *eighty years after its promulgation it is as much without scientific recognition as it was two generations back*. About the same time that homeopathy was announced Dr. Jenner announced the efficacy of vaccination. Let any body contrast the fate of the two announcements: the one accepted by every civilized country and by every medical school in the world; the other without recognition in any European university, even in Germany, the land of its origin."

ALMOST A FIGHT.—M. Guérin addressed M. Pasteur, at the Academy of Medicine, Paris, in these terms: "You are a liar, sir, and I will send you my seconds." M. Pasteur, who is fifty-nine, is almost completely paralyzed on the left side, and M. Guérin is an octogenarian. Friends interfered, and no gore was spilt.

DIFFICULT OCCUPATION.—Dr. Rutherford, of the Insane Asylum at Woodilee, Scotland, reports that by occupying the patients fully he has been able to carry out the open-door system of treatment. He finds that by the diminution of apparent restrictions upon liberty greater quietness and contentment are secured, and recovery promoted. — *Detroit Lancet*.

[Fully or partially occupying crazy people can not be a pleasant task for any one, but the martyr-spirit of the physician is boundless. In ancient biblical times the occupation of people by devils is said to have demented them. Now a doctor's occupying demented people, it seems, benefits them. No doubt the doctor drives out the devil.]

COOKERY IN NATIONAL SCHOOLS.—The teaching of young girls in our national schools how to cook is so great a boon to them that we hope the generous example set by the Countess of Scarborough in this respect, at the National School at Lumley Castle, may find imitators. A practical cookery kitchen, in connection with the girls' school, has been established by her ladyship. The wife of the vicar, who has passed through the course at South Kensington, gives the instruction. Mr. Buckmaster, being in Durham a few days since, was invited to give a public lecture on cheap and wholesome cooking. The girls prepared all the illustrations. — *Med. Times and Gazette*.

ADVERTISING DENTISTS.—The ordinance of Council of the Royal College of Surgeons of Ireland declares that "No Fellow or Licentiate of the College shall seek for business through the medium of advertisements or any other disreputable method, or shall consult with, advise, direct, or assist, or have any professional communication with any person . . . who follows any system of practice considered derogatory or dishonorable by physicians and surgeons."

A CAPITAL GOOD SELECTION.—Dr. B. W. Richardson, F.R.S., has been elected to fill the vacancy on the London School Board caused by the death of Mr. Watson, one of the representatives for Marylebone. — *Lond. Lancet*.

The American Public Health Association will meet in New Orleans December 7th. Any matters of interest transpiring shall be reported to the *News* by its correspondent.

Selections.

A Case of Traumatic Epilepsy Treated by Trephining.—Dr. D. B. Lees and Mr. E. Bellamy, in the *Med. Press and Circular* of October 13th:

Stephen C., when seven years old, received a blow on the head from a poker. There was no breach of surface, but the mother found a swelling over the right parietal region. When this subsided no scar or depression of bone remained. The next day he complained of headache, and this symptom persisted more or less until after the operation of trephining. About twelve months after the accident he began to have fits. These occurred at first about once a day, but afterward more frequently. He attended for several years as an out-patient at the Hospital for Sick Children, Great Ormond Street, but without obtaining relief. On the contrary, the fits became more frequent. It was noticed that they occurred in groups, a period of very frequent fits being followed by an interval in which he had only about one a day. The period of exacerbation lasted about three weeks; the intervals of comparative quiet about as many months. Four, if not five, of these alternations occurred during the fifteen months preceding the operation. When the fits were frequent, impairment of grasp in the left hand was always noticed, and he sometimes complained of pain all down the left arm. At such times also the tongue became thickly furred, and his speech (never very clear, apparently from labial paresis), became decidedly more indistinct. In April, 1879, nearly seven years after the injury, came a period of four weeks, in which the fits were more frequent than ever before, averaging from twenty to thirty daily. In the intervals between them he was apparently unconscious. When this period passed away Dr. Ferrier was requested to see the boy in consultation with special reference to the advisability of trephining. He found tenderness on pressure over the right parietal, with loss of grasp in the left hand, and the labial symptoms already mentioned. He advised that trephining should be practiced, and that the part of the skull selected should correspond to a spot rather low down in the fissure of Rolando, as the centers involved seemed to be those of the arm and lip, and not of the leg.

The boy was admitted into Charing Cross Hospital under the care of Mr. Bellamy. On the day of his admission he slipped on the waxed floor of his ward and fell, striking his left knee against the ground. He said nothing of this to any one but his mother, but she afterward related that he had told her he had had a bad fall. On the 14th of June, 1879, two days after his admission, Mr. Bellamy trephined, with antiseptic precautions. The "ligne Rolandique" had been previously marked out on the shaven scalp, according to the directions of M. Fort. The spot chosen for operation was about the center of this line, and was a little lower down than the point indicated by the mother as the site of the original injury. The piece of bone removed was apparently quite normal. It was thought that the dura mater bulged up into the opening made by the trephine. For eight days after the operation the boy progressed very satisfactorily. The temperature gradually came down to normal, the headache vanished, and the wound healed uninterruptedly, and mainly by first intention. Twenty-four hours after the operation the fits ceased, and did not recur for eight weeks. Before the operation he

had not for upward of three years passed a fortnight free from fits.

On the ninth day after the operation, however, the temperature began to rise gradually, and in four days reached 104°. There were no rigors. The boy complained of pain and tenderness in the left hip, thigh, and knee. These symptoms, combined with a temperature of 99°-100° during the month of July, and it becoming evident toward the close of the month that the head of the femur was dislocated, Mr. Bellamy excised the head of the bone on the 2d of August. The pain, tenderness, and rise of temperature still continued, abscesses formed low down in the thigh and invaded the knee-joint. On the 9th of October it was found necessary to amputate at the hip-joint, which was done with antiseptic precautions.

The boy rapidly recovered from this operation, and gained flesh. Eight weeks after the trephining the fits recurred. In seventeen days he had twenty-six fits. If this period represented the expected crisis about three months after the last severe crisis in April, it was unquestionably much reduced in severity. Six weeks of freedom from fits followed. They then recurred, but with much less severity.

During the sixteen months that have elapsed since the operation, he has passed to the authors' knowledge thirty-seven, and they believe upward of forty, weeks entirely free from fits. Four convulsive periods have occurred, but the frequency of fits in these has never averaged more than two or three daily, and he has never been confined to bed on account of them.

The authors suggested the following points as worthy of discussion:

1. The advisability of the use of trephine in traumatic epilepsy. They referred to a paper by Dr. Echererria, of New York, published in the *Archives de Médecine* for November and December, 1878, in which no less than one hundred and forty-five cases are cited of traumatic epilepsy treated by trephining. The results in these one hundred and forty-five cases were: Cure, sixty-four per cent; improvement, twelve and one half per cent; no change, three and one half per cent; made worse, one per cent; death, nineteen per cent. Dr. Echererria maintains that the operation is by no means dangerous in itself, provided that no inflammatory symptoms are present at the time. He refers to cases of many years ago when it was performed more than twenty times on the same patient.

2. The question of the cause of relief obtained in this case by the removal of a piece of apparently healthy bone. The successful case brought before the Medico-Chirurgical Society last winter by Mr. West, of Birmingham, was adduced to show that the cause must be the relief of pressure generally, and not any special effect on the motor centers, for in Mr. West's case the lesion and the seat of operation were in the frontal region.

3. The authors wished to inquire whether the periodicity which formed such a marked feature in the convulsions in this boy, is usually found in cases of epilepsy due to irritation of the brain cortex. Reference was made to two cases observed at the Hospital for Sick Children, both probably due to the lesion of the cortex, in which similar phenomena were observed.

4. They submitted to the surgical judgment of the society the question of the causation of the osteomyelitis of the femur which followed the trephining. They argued from the antiseptic operation, from the rapid healing, from the boy's satisfactory progress for

eight days, from the gradual rise of temperature, from the absence of rigors, and from the exclusive affection of the left hip-joint and femur that the cause could not have been pyemic in nature.

The Infection of Phthisis.—Excerpts from an article, by Reginald E. Thompson, M.D., F.R.C.P., in London Lancet:

There are many questions in medicine which have long engaged the attention of the profession and caused such a division of opinion that authorities will be found ranged in two opposite camps in equal numbers, holding diametrically different views regarding them; and among such open questions the contagiousness of phthisis may be classed as one that has been affirmed by some and denied by others at all periods of the world's history.

It is indeed a very old question, for it was advanced by Aristotle and answered in the affirmative by him and Morton and many others; but authorities of equal weight and number can readily be found who have taken the other side, and given a direct negative to such a possibility. . . .

The proposition which I shall venture to advance is this: That infective phthisis—by which term may be designated that form of disease which results from the infection of phthisis—is a disease which has peculiar symptoms and signs of its own serving to distinguish it from phthisis, and approximating closely to those of a pyogenic or infective pneumonia.

If this proposition can be established, then I think it must be admitted that the question of the possible communication of phthisis will have received a more satisfactory answer than when arguments are drawn from the numerical point of view. Of late years experiments on animals have been largely appealed to with regard to the nature of phthisis and tubercle; but inasmuch as I believe that the artificial disease differs materially from phthisis as it appears in man, I have no intention of pressing the results of such experiments into the argument, nor of appealing to them, though I could do so with some effect, to help me in a difficult question.

The observations upon which the following conclusions are based extend over a period of ten years, and are derived from a total of twenty-five thousand patients. The series of cases to which special attention has been directed are those of wives infected by husbands, inasmuch as the possibility of error arising from blood relationship is hereby avoided, and the association of the nursing wife with the sick husband is so constant and intimate that if phthisis can be communicated it must be looked for in such instances.

Fifteen well-marked examples of this kind have come under notice out of something like fifteen thousand cases of phthisis, so that the proportion of infective cases may be reckoned as not less—probably a little more—than one per mille. Hence it is easy to understand why observers with a small number of patients should disbelieve the possibility of contagion. I have, however, rejected from the series cases which might have been included, but in which the symptoms were not so acute and distinctive, and which may eventually prove to be chronic or sub-acute forms of that disease, which was manifested in an acute form in the fifteen selected cases.

Grouping all the cases together, and analyzing the symptoms and signs which characterize them, I would advance the following conditions as serving

to identify the disease and to distinguish it from the ordinary forms of phthisis:

1. A slight hacking cough seems to be the earliest symptom of infection, and I would suggest that this is an indication of the irritation of the air-passages, due to the introduction of the *materies morbi* through their agency.

2. Symptoms of constitutional poisoning are at once shown by the rapid emaciation which is noticed by the patient in a very early stage of the disease.

3. As the disease progresses, rigors, accompanied by night-sweats and pyrexia, occur at frequent intervals.

4. Later on the cough returns, considerably aggravated, and sputa are from time to time tinged with blood. Hemoptysis to a small amount occurs, but is not frequently repeated.

5. The physical signs are usually bilateral, though not necessarily exactly uniform on both sides.

6. The pulmonary disease is disproportionate to the amount of constitutional disturbance, and is not sufficient to account for the extreme emaciation of the patient.

7. The physiognomy of the patient is not that of phthisis, and the color of the skin is of a dull sallow hue, far different from the pallor which is so marked a feature in the consumptive patient.

With regard to the character of the physical signs, even after the patient has been ill for many months I have generally not been able to make out more than a few subcrepitant or crepitant râles, diffused, and of a somewhat peculiar character, in both infra-clavicular regions; but one lung may be attacked before the other, and consequently in some cases, and late in the disease, a cavity may form.

Diphtheria in Schools.—Diphtheria has been becoming more and more prevalent in Brooklyn during the last few months (Boston Med. and Surg. Journal). In July there were eighty-six cases and twenty-five deaths reported; in August, one hundred and twenty-seven cases and forty-nine deaths; in September, two hundred and fifty-five cases and one hundred and two deaths; and in October, four hundred and nine cases and one hundred and sixty-eight deaths. During the week ending November 6th one hundred and sixty-one cases were reported, with the large mortality of fifty-seven deaths. The disease is especially prevalent in the fifth, seventh, ninth, eleventh, sixteenth, and twentieth wards. Three of these wards are drained by the branches of the sewer emptying into the East River, at the mouth of Hudson Avenue, and in some cases the diphtheria is attributed to the condition of this sewer. Dr. Raymond, president of the board of health, states that as the mouth of the sewer is below high-water mark, and as perforated man-traps have not been adopted generally in the city, the sewer is for a part of every day practically a closed vault, in which dangerous gases are generated. A careful inspection is made of the premises wherever cases are reported, and in fully thirty per cent of them defects in the sewer-pipes or plumbing are discovered. Nearly four hundred children have been taken from the public schools on account of the prevalence of the disease.

The taste of chloral is very disagreeable to many. It is said to be disguised by administering it in syrup of gooseberries, with the addition of a drop of chloroform to each grain of chloral.—*Medical Record*.

Maize and Maizenic Acid.—The following are the conclusions drawn by Dr. Vauthier in a brochure entitled, *Étude sur le maïs (Zea Maïs) et l'acide maïzenique (Archives Méd. Belges)*:

1. The action of Zea maize is always favorable in all affections of the bladder, whether recent or chronic.

2. Maizenic acid is the active principle of the stigmata of maize, and it alone contains the therapeutic properties.

3. The diuretic action is not constant; it is met with in cases of acute traumatic cystitis and in cases of retention, but here the improvement in micturition is due to the recovery of the affected organs, and not directly to the action of the maizenic acid.

4. The best results are observed in uric and phosphatic gravel, in acute cystitis, whether simple or due to gravel, and in mucous or muco-purulent catarrh.

5. In the cases observed by the writer, the ordinary remedies for these affections had already been employed without benefit, while the maize never failed to effect a cure. In connection with the maize, simple and medicated vesical injections were employed.

6. The maizenic acid, moreover, has the power of dissolving calculi by its chemical action, and not only vesical calculi, but also all the other calcareous concretions that are met with in the human system. Hence its use seems indicated in cases of gout and rheumatism as well as in affections of the urinary organs.

The preparations used by the author were the infusion (ten parts of corn-silk to one hundred of boiling water, with syrup *ad libitum*; dose, a tablespoonful every two hours), the extract in doses of one and one half to three grains, and maizenic acid in doses of one eighth of a grain in pill or mixture.—*Medical Record*.

The Specific Germ of Malaria.—Dr. Lauchlan Aitken, of Rome, writes to us: The proof of the existence of a specific malarial germ has just received important confirmation (*British Med. Journal*). At the Italian Medical Congress, held in September at Genoa, Dr. Marchiafava, assistant to the Professor of Pathological Anatomy at Rome, announced that he had found the bacillus malarie in the blood of three patients during the cold stage of the malarial fever from which they suffered. Since that time twenty-four cases have been examined, with the result, in every instance, of showing the presence of the bacillus in the blood during the period of invasion, while the spores alone could be seen when the fever was at its height. The same careful observer, as long ago as last autumn, had found the rods and spores of the bacillus in the lymph, blood, spleen, and medullary cavities of bones at the post-mortem examinations of three persons who had died from pernicious fever, but no one had hitherto succeeded in demonstrating the presence of the bacillus in the blood of living patients, owing to the specimens examined having been always taken during the hot stage of the fever.

Prof. Perroncito, of Turin, one of the leading mycologists of Italy, has repeated Dr. Marchiafava's observations in the Hospital of Vercelli, in Piedmont, which annually receives about four thousand cases of malarial fever, though not of a pernicious type, from the surrounding district, which is covered with rice-fields. The result is that he too has found the bacil-

lus, occasionally in large quantity, in the blood, during the cold stage of all the cases examined, and sometimes also in the last hours of the intermittent period. I saw today at the Santo Spirito Hospital a specimen of blood within five minutes from the time when it had been taken, with all due precautions, from a patient just entering on the cold stage, which contained two or three bacilli in all respects identical with those exhibited at Cambridge, got, it may be recollected, by the cultivation of some mud from near Selinunte, a very malarial port in Sicily.

Observations are now to be made, both at Rome and Vercelli, according to a common programme drawn up by Prof. Tommasi Crudeli, of the blood of the spleen drawn off by aspiration through a hypodermic syringe during the last hours of the intermittent period, and also of the perspiration and urine during the stage of resolution. Prof. Tommasi Crudeli hopes that British practitioners, who have many opportunities both in India and the colonies, will make similar researches, but cautions them that a good illumination is essential, and that it is useless to work with less than a one-eighth-inch object-glass.

Case of Hemophilia.—Under the care of Dr. Andrew. Communicated by Mr. S. Davies, B.A. (*Med. Press and Circular*):

H., aged thirty-two, admitted to St. Bartholomew's September 3d. From early childhood he had been subject to severe hemorrhage from trifling causes, such as a slight cut in the finger or a blow on the nose. On account of this tendency to bleed dentists had refused to draw his teeth. At six years of age he had scarlet fever, and since has been subject to rheumatism, and has had several attacks. About ten years ago he was admitted into Westminster Hospital for hematuria. The patient states that he had several attacks of this symptom, and passed large clots of blood in his urine. He was treated with lime-juice; what benefit he derived from this treatment does not appear. Five months ago he found himself getting weaker, and began to suffer at times from cramps in the legs and arms. These cramps generally commenced with a sort of tingling sensation. He appeared to have had some kind of a fit about two months ago, in which his muscles were contracted, but he did not bite his tongue. He was treated in Lambeth Infirmary for two months, but for the last six weeks had had no medical attendance. He had not been at work for the five months preceding his admission to St. Bartholomew's Hospital. For years previously he had been subject to pain in the chest, palpitation of the heart, and shortness of breath. The attacks of hematuria were attended with great pain in the right iliac region, which was relieved on the discharge of blood in his urine.

His condition on admission was as follows: On the posterior of the left thigh was a large extravasation of blood, and over the front of the right tibia was a smaller extravasation, which he attributed to a blow dealt some twelve years before; he thought that it had been getting darker in color for the last six months. He could not account for the extravasation on the thigh. He could not extend his arms beyond an angle of 120°. There was thickening at the external condyles of the elbow-joints, and the joints creaked when they were moved. The right knee-joint could hardly be moved at all, the left with less freedom than natural, and there was thickening in both. Apparently there had been hemorrhagic effu-

sions into these joints, which coagulating and remaining unabsorbed, had caused the thickening and loss of motion. His gums had a spongy appearance. He had not observed any melena. His appetite had always been good. He had been accustomed to take alcohol, principally in the form of gin. The first cardiac sound was reduplicated at the apex. There were no other physical signs. His blood was subjected to a microscopical examination. As far as regarded the appearance of the corpuscles, and the relative number of white and red, there was no marked change from the normal. The absolute number of red corpuscles was estimated by means of the hemacytometer of Dr. Gowers, which is a modification of the instrument of MM. Hayem and Natchet, made by D. Hawksley, of Oxford Street. The result of the examination was that a cubic millimeter of blood was found to contain about 5,400,000 corpuscles, being 400,000 over the average of Vieroidt and Welker. The urine was of normal color, acid, of specific gravity 1012, and contained no albumen. There was no change in the patient till the 10th of September, when a systolic murmur was heard at the apex, and he had pain over the cardiac region. On the 13th a fresh extravasation appeared in the right upper lid, which gave the patient the appearance of a pugilist who had received a "black eye"; he complained also of shooting pains in the right side of his face and neck. The extravasation in the thigh appeared to be fading away. On the 17th a hemorrhagic effusion appeared on the outer side of the iris of the right eye, of scarlet color. The extravasation in the lid had extended into the lower lid and had changed in color from black to green.

The patient was now no longer confined to his bed. His general condition progressed favorably, and the murmur having disappeared, and the extravasations having nearly cleared up, he was considered on the 8th of October sufficiently restored to be sent to the Highgate Convalescent Hospital. The patient had been put on a half-meat diet, with greens, and two lemons a day. In addition, he had been treated with perchloride of iron. No family history of hemophilia could be obtained.

Treatment of Anal Fissure.—The Canada Med. and Surg. Journal says: Dr. Haman writes (*Le Practicien*) that, instead of employing forcible dilatation, he applies to the fissure, with a camel's-hair brush, a solution consisting of one part of chloroform to two of alcohol. Two or three applications, at intervals of two or three days, usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

[A strong solution of nitrate of silver thus applied has been highly recommended.]

Atropia and Chloroform.—Dr. F. W. Moinet writes, in the British Med. Journal: In your journal for October 16th Mr. E. A. Schäfer recommends administration of atropia before the inhalation of chloroform, to prevent the sudden arrest of the heart's action from reflex irritation during an operation. Now I would suggest that this danger can be better guarded against by the surgeon not operating till the patient is thoroughly under the influence of the anesthetic; while the treatment of sudden arrest of the heart's action from reflex irritation should consist in boldly pushing the administration of the chloroform, in the hope that relaxation of the spasmodic contrac-

tion of the heart will speedily occur. This I feel we would be justified in doing in such a grave condition from what we know of the physiological action of chloroform. The patient being already under its influence, a little more would quickly take effect, so that it might be possible to overcome the spasm and for the heart to recover itself. Galvanism under such circumstances would, I consider—and in this I agree with Mr. Schäfer—be very apt to increase the danger. Upon the other hand, when syncope occurs from an overdose of chloroform, the subcutaneous injection of digitalis should be employed as a stimulant to cardiac action along with artificial respiration. In those rare cases where the danger is due to paralysis of the respiratory function then atropia, judiciously employed, would probably be of service by stimulating the respiratory centers.

A Novel Treatment for Watermelon Seeds impacted in the Rectum.—A writer in the Medical Record relates: I have seen in the Record several cases reported of watermelon seeds impacted in the rectum. I passed several years among the Sea Islands of South Carolina, and found this a very common trouble among the negroes during the watermelon season. They take the handle of a common tablespoon and clean each other out when the impaction takes place, rarely calling a physician. The operation submits the negro to a good deal of chaffing, as his fellow negroes accuse him of eating his melon like a hog. So when a negro is "dug out," as they call it, he is shy for a time, as he becomes the subject of ridicule.

Treatment of Meniere's Disease by Quinine. In 1865 M. Charcot recommended the systematic administration of quinine in the treatment of Meniere's disease, and he now states that he has several additional cases of perfect cure obtained by this method of treatment (*Gazette des Hôpitaux*). He lays stress, however, on the importance of administering the drug in large doses and for a prolonged period. He gives from ten to twelve and one half grains daily, and even more if the patient can bear it, and continues its administration for a month, despite the apparent aggravation of the symptoms that the remedy generally produces at first. At the end of a month treatment is discontinued for fifteen days and is then resumed for another month, and if necessary it may be repeated a third time after another interval of two or three weeks. By this method M. Charcot has cured a lady who had been subjected on several occasions to a quinine treatment carried on without method.—*Med. Record*.

Errors of Clinical Thermometers.—It may not be generally known that the clinical thermometers in common use are not to be relied on within one half a degree Fahrenheit. Thermometers having a Kew certificate less than six months old are excepted. A thermometer which may be accurate when first made may afterward change, and new thermometers should be laid aside for two years before they are fully graduated. The error is in an increase of reading. Eighteen months may permit a rise of four degrees Fahrenheit.—*Phila. Med. Times*.

Treatment of Voluntary Fasting.—A correspondent of the British Med. Journal writes that the use of a little chloroform in patients who refuse to eat or drink will often dispel their obstinacy.

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

"THE WATERS OF THE HOT SPRINGS WILL KILL CONSUMPTIVES."

The language above quoted we find in one of the Hot Springs papers of a recent date. The communication in which it occurs is from the pen of Dr. George W. Lawrence, one of the most widely-known and accomplished physicians of this health-resort. During twenty years' residence there Dr. Lawrence's large practice has afforded him ample material for studying the therapeutic properties of these thermal waters, and he states that he has from time to time published to the medical world the fact, in unmistakable language, that the waters of the Hot Springs will kill consumptives. He quaintly declares that, having no interest in any cemetery or undertaker's establishment, he does not wish people to come there to die.

Of the correctness of Dr. Lawrence's observation concerning consumption there can be little doubt. A damp valley can not be otherwise than harmful to patients with phthisis.

Dr. Lawrence further declares that these waters are the most valuable adjuncts in the treatment of chronic diseases of the blood, the skin, and the nervous system, and also in uterine and catarrhal affections, and in "true scrofulosis."

Such testimony as this is not to be lightly considered, and we have no mind to dispute its correctness; but, at the same time, that in the Hot Springs waters there is any

remedial power beyond its heat we totally disbelieve. As Dr. Keys says, in his excellent work on Venereal Diseases, the water is exceedingly poor in mineral ingredients, while its alleged magnetic qualities are imponderable. In certain cachectic conditions—whether rheumatic, gouty, scrofulous, malarial, syphilitic, or alcoholic—where all remedies have failed at home, a sojourn at Hot Springs not infrequently does much good, provided the patient fall into the hands of a wise physician and a good cook; but the waters alone will cure none of these affections. Any other tolerably pure hot water would do equally as well were it equally well backed.

No scientific physician, we believe, claims now that this water has any specific power, and far less that it is a panacea, as charlatans pretend and the populace believe. In the treatment of syphilis, unaided by mercury and potash, etc., it is utterly impotent, and even when assisted by the anti-syphilitic medicines, no greater exemption from relapses can be proved to exist than follows any other method of cure where mercury and potash are used. But in the illimitable credulity of the laity the healing power of this water is unbounded. For every known and imagined physical ill people flock thither; the old in search of youth, the young in search of perfect health, the impotent for virility, the barren for babies, the rotten for renovation. In a word, these springs are, in popular belief, the vast, the all-comprehensive, resistless, and infallible extinguisher of human maladies. Hence this Arkansas village is a delightful place for doctors, and probably no town in the world is so abun-

dantly supplied with these useful and amiable philanthropists, who are ever ready to go where they can do most good.

Ah, and what a fountain of happiness and health it surely is if the cackle which comes to us from the little burg be true; for, as rumor hath it, all the doctors who go there grow rich and all their patients come away cured!

THE Louisville correspondent of the Cincinnati Lancet and Clinic has fallen into several errors concerning the status of the schools of this city, which we have been requested to correct. He says that the attendance during the present session is but half of what it was last. This is not so, the actual difference being but *twelve per cent*. In the meanwhile the fees, which were advanced fifty per cent upon the old amount, have made an increase of *sixty per cent* in the pay of professorships. So the experiment has proved a great success—pecuniarily—and, it is believed, also in raising the standard of material from which the classes are formed. Had it happened that the schools at Nashville, which is the chief competing point with Louisville, had also advanced their fees, it is probable that no diminution would have taken place in the number of the classes here, but that an increase would have been recorded. In this connection we are asked especially to correct the error of the Lancet's correspondent. He has impugned dishonorable action to the Nashville schools—no doubt from misinformation which he has received in this city. He says that an agreement was made between the schools at Nashville and those at Louisville to raise the standard of price this year, and that after the Louisville schools had committed themselves by issuing their catalogues, the Nashville schools came out at their old figures and so secured the larger classes.

We are informed that there was no agreement entered into between the schools in question, nor any correspondence during the current year upon the subject. There

was an attempt made *last year* to come to some understanding on the subject, but it failed. There were hopes held out that the agreement could be reached this year, but there was nothing definite done in regard to the matter, and so the imputation of bad faith falls to the ground.

It is rather lucky, we think, that Cincinnati should have acted independently in raising the price of tuition, and that Louisville should have done so without being joined by Nashville. The success which attended the movement in both places ought to be an encouragement to any school to do likewise. There can be no shadow of a doubt that it is right for the fees to be raised in the Southwestern schools; and the great misfortune was that it stopped short at seventy-five instead of a hundred or more dollars. It is certainly a greater encouragement for better teaching, and we believe it brings better material to the schools. By far the most important interest, however, which is conserved by raising the fees is that of the profession at large. Doctors are interested that the gateways into the profession by which they win their bread are not thrown wide open to those who can afford to do nothing else.

We trust that before another session commences all the schools which have not yet advanced their prices will see that it is to their best interests to do so, and that professional sentiment will express itself on this point so as to aid them in their advance.

THE Chicago Medical Journal is immensely pleased with the new rule of the Kentucky State Medical Society discontinuing the publication of papers in the Proceedings. Matter which was formerly so completely buried has now a chance for life in the pages of our medical journals.

TRIPLET brothers, aged seventy, celebrated their birthday in Westport, Conn., a few days ago.

Original.

A CURIOUS CEREBRAL CONDITION.

BY W. CHEATHAM, M. D.

On November 13th N. N., Arkansas City, Kas., aged ten, came to my office to consult me in reference to her eyes. The history was as follows: Last June she commenced to complain of headache. During her attacks of headache she suffered greatly from nausea. In several weeks she began to lose the power of lower limbs. About the latter part of September there was some facial paralysis, and her sight began to fail. When she came to my office she was unable to stand or to sit up. Her pupils were fully dilated, much more so than is usually found in paralysis of sphincter pupillæ, showing probably some irritation of sympathetic; vision was reduced to absence of perception of light. On looking into the eye with the ophthalmoscope there could be seen a perfect picture of Starming's papillæ, or choked disk. No outlines of optic disk could be discovered. The existing edema of the parts had not only obscured that, but the blood-vessels were in many places also. The disk was greatly swelled, protruding into the vitreous as a small hillock. This condition of things is supposed to result from the intercranial pressure, which prevents the return of venous blood, resulting in an exudation of its watery parts. The cribriform fascia, through which the optic nerve enters the eye, being very firm and unyielding, strangulates the nerve, producing more edema and blindness. The head of the child was unusually large. Intercranial tumor was diagnosed. Prognosis of course bad. Choked disk in one eye is not of course a sure sign of an intercranial growth. Where it exists in both eyes you may almost surely refer it to such a cause. The child's mind was not in the least affected. She was very bright and cheerful. To illustrate her brightness, a surgeon whom I called in consultation, wishing to test her sight, took a figure of a horse cut from pasteboard which the little one had in her lap, and asked her what it was and where the head was. She told him, but arrived at her conclusion by touch. He then asked where the tail was, and she informed him that it was *on the other end*.

The mother of this child was also a case of great interest to me, on account of her extreme degree of nearsightedness. Her vision without glasses was only $\frac{2}{200}$ of perfect, with

a nearsighted glass $\frac{1}{2}$, combined with a nearsighted glass $\frac{1}{4}$. The vision of right eye was brought up to $\frac{1}{7}$; that is, it took a $\frac{1}{1\frac{1}{3}}$ nearsighted glass to bring vision up to $\frac{1}{7}$ of perfect in right eye, a $\frac{1}{1\frac{1}{3}\frac{1}{4}}$ to bring vision to $\frac{1}{7}$ in left eye. I ordered her $\frac{1}{1\frac{1}{3}\frac{1}{4}}$ for each eye for distant vision, and a $\frac{1}{3}$ for reading.

November 20th I received word that the little girl died before reaching home. She passed off without a struggle.

LOUISVILLE.

Reviews.

The Orthopragms of the Spine: AN ESSAY ON THE CURATIVE MECHANISMS APPLICABLE TO SPINAL CURVATURE. Exemplified by a typical collection lately presented to the Parke's Museum of Hygiene, University College, London. By ROBERT HEATHER BIGG. London: J. & A. Churchill, New Burlington Street. 1880.

The maxilla-fracturing title of this work will cause many to wonder. "Orthopraxy," the author explains, is a word he "introduces to embody the idea of that science which, by material means converts, adopts, and applies the mechanical forces extant directly to and for the benefit of the human form." An orthopragm of the spine, then, is a sort of crutch for the backbone, such as the plaster jacket. Makers and users of spinal appliances will find much valuable information in this book. It is the first of its kind. It discusses in four chapters the natural spine, the unnatural spine, the principles of reversion from the unnatural to the natural spine, and the practice of reversion from the unnatural to the natural.

Cutaneous and Venereal Memoranda. By H. G. PIFFARD, A.M., M.D., Professor of Dermatology, University of the City of New York; Surgeon to Charity Hospital, etc.; and GEORGE HENRY FOX, A.M., M.D., Surgeon to the New York Dispensary; Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; etc. Second edition. New York: William Wood & Co., 27 Great Jones Street. 1880. For sale by John P. Morton & Co., Louisville.

The authors of this little volume, which is only half as big as your hand, are two of New York's most favorably-known and most conscientious and industrious workers in the domain of dermatology. A long experience in the large clinical field which New York affords has enabled these gentlemen to produce in a singularly condensed and excellent form the essentials of derma-

tology, barring treatment. And, if the practitioner will but remember that skin troubles are but local manifestations of constitutional disease, and are enabled by the remedies which cure other local manifestations, he will be possessed of all the therapeutic knowledge necessary in the practice of dermatology. The descriptions of the maladies are as clear as they can be made without pictures, and the nomenclature is as near up with the times as it is possible to come, for the endless jargon of hard names is perpetually changing and increasing. The dermatographers, we sometimes think, must all be descendants from the Tower of Babel folk. All students and general practitioners should buy Cutaneous and Venereal Memoranda.

Books and Pamphlets.

WOOD'S ophthalmic test-types and color-blindness tests are contained in a neat box. The box contains Wecker's test-plates for near vision and astigmatism; Snellen's test-plates for near and distant vision; Green's test-plate for astigmatism; Prof. Holmgreen's confusion plate for illustrating the mistakes of the color-blind; a set of Holmgreen's assorted Berlin worsteds; eight test-glasses ($\begin{smallmatrix} +.5, +1., +3., +5. \\ -.5, -1., -3., -5. \end{smallmatrix}$) dioptries.

By placing these different lenses in the handle contained in the box many combinations can be made. Besides these the box contains an explanatory text to the above articles, with a pamphlet, "How to Choose Glasses." These tests and test-plates are of the best in use. They are nicely arranged and neatly gotten up. Price, \$7. William Wood & Co., 27 Great Jones Street, New York.

Miscellany.

EAU DE SELTZ.—The French papers are much occupied just now in discussing a very important and startling report, which has been presented to the Paris Academy of Sciences, on the subject of the impurity of the artificial aërated waters so enormously consumed in Paris by the French residents, as well as by visitors, in syphon bottles (British Medical Journal). It is well known that the drinking-water of Paris is very unreliable. Some of the river-water, with which it

is supplied, is tolerably pure, but in other quarters of Paris it is very far from being so. A good deal of the water-supply is from wells, and the domestic arrangements for storage are liable to contamination from sewage-gases rising into the tanks. On the whole, Paris drinking-water is notoriously so bad that visitors do wisely to avoid it; and the Parisians, though having the advantage of acclimatization, which is undoubtedly protective against many of the poisonous germs which are apt to be contained in such waters, are nevertheless justly suspicious of their drinking-water. There are forty million syphons manufactured per year of what is popularly called "Eau de Seltz"—namely, river-water or well-water impregnated with carbonic acid. There has been a sort of accepted tradition that the water contained in the syphons was pure and safe. This, however, appears, from a long series of analyses made by M. Boutmy, in the paper quoted, to be not only without foundation, but exactly the opposite of the fact. Not only does aërated water in these syphons often contain as much impurity as the water of the Vanne, the Huys, and the Seine, but a much larger proportion of organic matter—sometimes three and four times as much. In fact, the analyses given by M. Boutmy show that a certain proportion of these syphons contain water which is little better than diluted sewage-water. Of the great disadvantage of such a state of things it is needless to speak. We in England have long since arrived at the conviction that diarrheal affections and typhoid fever are much more apt to be conveyed by drinking-water than by any other vehicle; and it seems, after this revelation, that the endemic frequency of typhoid in Paris is more probably due to its drinking-water, and to the impurity of its syphons, than to the *odeurs de Paris*, of which so much has lately been said and written. It has been shown that these unpleasant odors of the streets are many of them largely due to cresylic acid and other gas-products, which are, however malodorous, by no means productive of fever and disease. The labors of M. Boutmy appear, fortunately, to have attracted a good deal of attention in Paris, and the matter will no doubt not end here. The public health is largely interested in this state of things.

The accuracy of M. Boutmy's conclusions has been disputed in a protest from the representatives of the artificial aërated waters of Paris. On the face of them these analyses appear to have been carefully made, reli-

able, and authentic; and M. Wurtz, the great chemist of France, appears to have vouched for the skill and trustworthiness of the observations. However this may be, the Academy has already directed a further set of analyses to be made; and meantime, with the results of M. Boutmy's investigations before them, it is probable that the police and analytical authorities of Paris will feel called on to take energetic measures to test, upon a large scale, existing stocks of these aerated waters in that city, and to make known the results. It is quite possible that very important results for the health of Paris may ultimately flow from this timely exposure by M. Boutmy of the impure and dangerous character of a large part of the table-waters of the Parisians. The conveyance of contagion by water is far too little insisted upon by foreign sanitarians, as a great number of English travelers abroad have found to the cost of their lives or health; and it can not but be advantageous to the health of the French population that attention should be drawn to the subject in a definite manner by M. Boutmy's analysis.

FIFTY-CENT DOCTORS—NEW YORK CONSULTATIONS FOR FOUR BITS.—The practice of underbidding among even regular physicians is known to be prevalent in some parts of this city (*Medical Record*). A number of such cases have been called to our attention. One of these, sufficiently illustrative, is that of a man in very good circumstances, who had been accustomed to employ an up-town physician when he or any of his family was sick. For office-visits he paid a dollar. Being of a thrifty turn of mind, however, he determined to do better, if possible, and after a little inquiry he found a down-town doctor who would charge him only fifty cents, including the medicines; so he made the change. It is currently reported that there are a good many physicians who will barter their valuable experience for even half the above sum.

MENSTRUATION AFTER REMOVAL OF THE UTERUS.—Dr. Tillaux reported to the Académie de Médecine, Paris, August 31st, the case of a woman in whom he had removed the body of the uterus sixteen months previously. Menstruation returned more frequent and in smaller quantity from the remaining portion. Another woman continued to menstruate after a removal of the ovaries.—*Chicago Medical Journal and Examiner*.

DIMENSIONS OF THE ARTERIES.—A work of considerable interest to anatomists, and of great practical importance to pathologists, has just been accomplished by M. Valerie Schiele-Wiegandt, of Zürich (*Medical Times and Gazette*). This observer has carried out, under direction of Prof. Quincke, a careful measurement of the circumference of the principal arteries of the body, of the thickness of the several coats of each vessel, and of the diameter of their lumen (*Virchow's Archiv*). Although this laborious investigation is not novel, having been already undertaken years ago both in this country and in Germany, the results are probably more accurate and complete than any thing of the kind hitherto at our disposal. Several very interesting conclusions with respect to the effect of age and sex will reward a reference to the original paper, which, however, will be of most value to those who may have made careful measurements of the sections of thickened arteries in the study of chronic Bright's disease.

MILK-TYPHOID.—Considerable anxiety and alarm have been occasioned at Bridlington, a seaside resort at Yorkshire, by the recent prevalence of typhoid fever in the district, and once more the outbreak appears to be due to the neglect of sanitary precautions in a private dairy. During the month ending October 22d no fewer than eight deaths occurred there from this disease, and in the previous month a fatal case was also recorded. Suspicion having rested upon a particular milk-supply, it was found on examination that the water used in the operations of the implicated dairy was drawn from a well, eighteen feet deep, sunk through a gravelly soil in a low-lying, and in wet weather swampy, under-drained field, where a downward percolation would readily take place. In the lane where the dairy is situated the sewage of several houses flows into an open ditch at the bottom of the adjacent gardens, which ditch is full of stagnant, dirty water and mud. At one of these houses there was recently a case of enteric fever; an occurrence which, taken in connection with the subsequent outbreak, raises the suspicion that the poison from this case somehow got into the water used at the dairy. The eighty-three households supplied by the particular dealer were visited, with the result of finding that, exclusive of seven doubtful cases, forty-eight persons in those households were suffering from undoubted enteric fever. This large incidence of the disease upon the dairy-cus-

tomers must be held to point very strongly to milk as the cause of the outbreak; and this is the view adopted by the medical officer of health. It is true there have been "other cases of fever" (the number is not stated) where the particular milk was not supplied; but this hardly affects the main argument. From the descriptions given of it Bridlington seems to be a likely place for epidemics of typhoid fever, from whatever cause arising, to occur. The health-officer tells his authority that "other influences have doubtless contributed to produce this epidemic, and as such I have repeatedly invoked your interposition respecting drainage, neglected ashpits and cesspools, and kindred elements for the propagation of disease." Clearly, if these things be so—and their accuracy is confirmed by independent testimony—the claims of Bridlington to be considered a "health-resort" will need to be very carefully investigated.—*British Medical Journal*.

MARK TWAIN'S RECIPE FOR NEW ENGLAND PIE.—To make this excellent breakfast dish proceed as follows: Take a sufficiency of water and a sufficiency of flour and construct a bullet-proof dough. Work this into the form of a disk, with the edges turned up some three fourths of an inch. Toughen and kiln-dry it a couple of days in a mild but unvarying temperature. Construct a cover for this redoubt in the same way and of the same material. Fill with stewed dried apples; aggravate with cloves, lemon-peel, and slabs of citron; add two portions of New Orleans sugar; then solder on the lid and set in a safe place until it petrifies. Serve cold at breakfast and invite your enemy.

TEA SUCCESSFULLY RAISED IN GEORGIA.—A special report from Washington states that the officials of the Agricultural Department are very much gratified at the progress in tea-raising in the South.—*New Remedies*.

Tea raised from seed sent out by the Department of Agriculture has been an article of merchandise in Fayetteville in this state, and it is grown in Wilmington as an ornamental shrub.—*North Carolina Med. Jour.*

A HOMEOPATHIC COLLEGE IN ENGLAND.—Efforts are being made among the English homeopaths to start a college of their own (*Medical Record*). Owing to the smallness of their numbers, however, and private dissensions, the effort is not likely to succeed.

SCHOOL PUNISHMENTS.—More than one case has lately been brought under public notice in which serious consequences have resulted from schoolmasters and mistresses punishing children by severely "boxing the ears" (*British Med. Journal*). The not unfrequent results of this form of discipline are rupture of the tympanum, deafness, and sometimes concussion of the brain, with life-long injury. For a strong adult to assault a child by a succession of blows on the side of the head is a practice which is really indefensible, and should be discountenanced by all school-managers. Caning upon the hand is not open to so many objections; but the rather brutal and passionate forms of caning which are sometimes adopted have more than once led to consequences detrimental to the perfection of the hand as an instrument of delicate labor in after-life; and, if permitted at all, the punishment should be employed with caution and a due sense of the responsibility that must attach to excess. Caning on the back and shoulders is the least objectionable form of physical punishment where any punishment is authorized.

MEDICAL RIFLEMEN.—On Wednesday, 3d inst., the first meeting of the United Hospital Rifle Association took place at Wormwood Scrubs. The association was formed last July for the purpose of uniting all volunteers, of whatever corps, at the different hospitals, and improving their shooting by offering a challenge-cup, to be competed for annually by hospital teams. Three hospitals—Guy's, King's, and St. Bartholomew's—have already joined, and the treasurer has a large sum in hand toward the cup. It is hoped that by next year the association may be in so flourishing a state as to warrant an application to the National Rifle Association for leave for the competition to be held at Wimbledon. The meeting on Wednesday attracted quite a large number of men, who were divided into three classes: marksmen, drilled members, and recruits.—*Brit. Med. Jour.*

YELLOW FEVER.—A London coolie ship having on board several hundreds of its human freight has arrived at St. Kitts from Calcutta with yellow fever on board (*Med. Press and Circular*). Twenty-seven passengers and twelve of the crew had died on the short voyage, and fears of a spreading epidemic upon the island had caused the strictest quarantine.

ANOTHER outbreak of milk-scarlatina is reported from Dundee (British Med. Jour.). For the last few weeks scarlatina has been unduly prevalent in the town among families in good circumstances and with healthy surroundings. It has now been discovered that a female servant employed at a dairy visited a house in which was scarlatina, and was attacked by the disease, which was communicated to a person connected with another dairy. From these two sources the disease spread to the customers supplied with milk from each dairy.

FOR the benefit of our more conservative brethren we arrange in alphabetical order the names of some of the newest of the great remedies presented to the profession: Areca, ava, bael, berberis, boldo, cercis, coto, chaulmangra, goa, gurjun, hoang nung, penthorum, querbracho, sumbul, sundew, and tonga.—*Proc. Med. Soc. County of Kings.*

A MALARIA-STRICKEN TOWN.—At Franklin Furnace, Sussex County, N. J., malarial diseases are so numerous that there are not enough well people in the village to nurse the sick (Medical Record). Most of the male population is idle, and the place has appearance of a hospital. This was the state of affairs reported the second week of October.

Selections.

Malarial Fever.—From an article in the Practitioner of November, by Dr. Corrado Tommasi-Cruddeli, we extract the following, which he offers as the results of his and his collaborators' investigations. If true they are valuable; but then microscopists' eyes are so unreliable:

1. In the soil of all the malarious districts of the Roman Campagna and Marshes the *Bacillus malarie* has been either found in a fully-developed state, or else could be easily obtained in great quantities by means of artificial cultivation. It has not, on the other hand, been found possible to obtain it by any means, whether artificial or otherwise, in some perfectly healthy districts.

2. This *bacillus* rises in such quantity, during the heat of summer in the atmosphere of malarious districts, that there is no need of any special appliances to collect it from the air. It is to be found in large quantities in the sweat of the face and hands.

3. In the blood of rabbits infected with malaria; in the blood of human beings attacked by malarious fever, and in the blood extracted from the spleens of the patients in question by a method invented by Dr. Sciamanna, the spores of the *Bacillus malarie* were constantly found during the *acme* of the fever. The artificial cultivation of this blood has constantly given

rise to the development of the *bacillus*, sometimes in very large quantities. The cultivation of the splenic blood of persons not affected by malarious fever has given, on the contrary, only negative results.

4. By injecting the blood taken from the veins of persons affected with malaria into the subcutaneous tissues of dogs, the disease is reproduced in these animals.

5. In all cases where the blood has been extracted from parents affected with malaria, during the *period of invasion of the fever*, it contained, often in great quantities, the fully developed *Bacillus malarie*. In the *acme* of the fever, on the contrary (as has been mentioned above, section 3), the *bacilli* disappear, and no other traces of them are found beyond their spores.

The constant recurrence of this last phenomenon (analogous to those observed in the case of the *spirillum* of relapsing fever) is of the greatest importance in the question under consideration. It explains, in the first place, the difference in the results obtained by Marchiafava in 1879 by examining the blood of five persons who had died of *febris perniciosa*, the examination being made immediately after death. In three of these cases the blood of all the veins of the body and of the heart contained a large quantity of *bacilli* in an advanced stage of development, while in the other two it was impossible to discover in the blood a single example of the *bacillus*, but only a large number of its spores. The further investigations made this year in Rome render it probable that the first three patients died before the period of *invasion* of the fever was finished; the other two, on the contrary, during the *acme*. These facts, further, open to us the way, by multiplying and varying our observations, to determine the scientific theory of this infective disease.

Experiments made on animals have shown that the principal nidus of the parasite which produces malarial fever is in the *spleen and in the marrow of the bones*, the organs in which (especially in the first) we constantly find the most serious pathological changes in those who died of this fever. It is very probable that the production of new generations of parasites in these seats varies in extent and in rapidity according to the condition of the individual and probably according to the quality of the soil from which the parasite originally came; which would explain the great variations which we meet with in the duration of the intermissions of this fever. It is probable that the febrile attack does not take place until the discharge of the parasites, from their special *nidi*, has gone on to such an extent as to accumulate in the blood a vast number of these organisms. It is probable that the chills of the febrile attack are produced by the simultaneous irritation of all the vasomotor nerves, due to the presence of this army of invaders in the circulatory system. The invaders find in the blood the conditions most adapted to accelerate their development and their progress to maturity (i. e. a high temperature, abundant means of nourishment, and oxygen stored up in the red corpuscles), and hence it is not surprising if their disintegration is completed in the *acme* of the fever; while, on the other hand, the changes in the component elements of the blood and tissues due to their multiplied acts of assimilation and excretion affords a natural explanation of the development of the febrile heat.

The further investigations which I propose to make, personally or by means of others, will demonstrate if this scientific theory of malarial fever, sug-

gested by the facts recently observed in my laboratory, be sound or not. I hope further that future observations will enable us to decide whether the *resolution* of the febrile attack is due merely to the elimination, by means of the secretions, of the products of the reduction of the albuminoids accumulated in the blood and in the tissues during the febrile attack; or whether it is partly also due to the elimination of the spores, which the disintegration of the *bacilli* leaves in the circulation, by means of the secretions, especially that of the kidneys. It will further be of great scientific, and possibly also practical, interest to examine the contents of the venous cavities of the spleen during the period of intermittence of the fever; and since the method has been discovered of extracting the blood from the spleen without danger to the patient, it is possible that we may be able to follow step by step, in this its principal nidus, the development of the parasite in the intervals of the febrile attacks.

A Severe Case of Facial Neuralgia Cured by a New Surgical Operation.—Dr. Augustus Brown writes, in the *British Medical Journal*:

In April of this year, a lady, aged fifty-six, who had suffered many years from a most severe facial neuralgia, called upon me and implored me to do something for her relief. I shall not readily forget the careworn expression of her face as she related to me the terrible nature of her sufferings. She told me that, for a period of upward of ten years, she had endured the most fearful torture from constant attacks of neuralgia, which caused her to scream, and left her in an exhausted condition; and that, although she had incurred very considerable expense to obtain relief, she had failed to do so; and that the attacks were gradually increasing in violence, frequency, and extent. She also informed me that she had been an in-patient for some weeks in the London Hospital, under the care of Dr. Fenwick, and that she had left that institution no better. I need not enumerate the various medicines and remedies which had been tried in this case—ice, electricity, etc.—for all alike had failed; even subcutaneous injections, although at first mitigating the paroxysms, began to lose their influence. Impressed by the supplications of my patient, I promised to do something for her. After considering the case for a week, I resolved upon a plan which I carried out on May 11, 1880. In this case the pain commenced in the mental nerve of the right side, just at its exit from the mental foramen; from this spot it ran backward to the front of the ear, then upward to the vertex, forward to the frontal nerve, down the right side of the face and neck to the arm, and backward to the scapula. On examining the mouth, I found the gum, above the starting-point of the pain, of a veined and congested appearance, thickened, and harder to the touch than the gum of the opposite side. The tongue was white and tremulous, and all the teeth had been extracted. Six years ago she had a portion of the alveolar process removed: the idea then being that the pain was produced by the pressure of a buried stump of a tooth; but the operation proved that this was not the case.

Mr. Penny and Dr. Rowntree kindly assisted me with the operation. As soon as the chloroform took effect, I made an incision along the lower border of the jaw, and dissected up a flap till I reached the mental foramen. I then ran into the foramen a red-hot steel wire for a quarter of an inch or so, and

thoroughly destroyed the nerve. On withdrawing the wire, the artery bled considerably, and I was obliged to plug the foramen. This plug was the cause of some amount of suppuration and delay in the healing of the wound. However, it came away in a few days in the discharges, and then the wound healed kindly, and my patient, from that time, has been entirely free from pain, and is now restored to health. Any thing more satisfactory than the result of this operation I have never known. She is now able to take food without fear, to sleep without narcotics, her tongue has regained its color, and she now takes an interest in her household affairs.

Much lately has been said and written about nerve-stretching; but the result of this operation proves that in the cautery we have another remedy upon which we may depend, and which, in many instances, may supersede nerve-stretching; also one which possibly may be of great benefit in tetanus.

The Spread of Scarlet Fever by Milk.—During the week ending with Saturday, November 30th, scarlet fever had appeared in a number of widely-separated dwellings in Dundee, and had proved fatal to members of families living in the midst of comfort, with what seemed to be good hygienic surroundings (*Med. Press and Circular*). The sanitary authorities of the town have followed the outbreak step by step, and have at length, as they believe, succeeded in tracing its origin. All the cases have been found to have their source in the recklessness of a female servant, who while employed at a dairy in the neighborhood of the town visited a house where scarlet fever was raging. She was at once attacked with the disease, and from her it was caught by the inmate of another dairy near at hand. From these two centers of infection the disease was spread to Dundee among the families supplied with milk by the dairies.

The Botanical Nature of Hooping-cough.—In 1871 Dr. Ludwig Letzerich announced that he had discovered the cause of hooping-cough to be a peculiar fungoid growth, which first germinates under the tongue and then rapidly pervades the air-passages. Henry A. Mott, jr., Ph.D., has recently investigated the subject and confirmed the statements of Dr. Letzerich. Mr. Mott finds quinine to be an antidote by virtue of its well-established power to destroy microscopic vegetable organisms. If this is the true theory of hooping-cough, why is the same person not usually subject to repeated attacks? If the growth of this fungus destroys any particular tissue not again renewed—a circumstance not yet observed—would it not be possible to effect the same destruction chemically and thus ward off the disease?—*Pharmacist and Chemist*.

Impacted Feces.—Dr. Robert Battey has a practical way of relieving women of hard masses of impacted feces when for any reason an enema or cathartic fails to do the work or can not be administered (*Chicago Medical Review*). Instead of distending the sphincter ani muscle and digging out the mass with a spoon, or with some like instrument, he breaks it up and presses it out by means of the fingers in the vagina. This may generally be accomplished without difficulty, or with as little difficulty as by other means. The method is moreover less disagreeable, both to the doctor and to his patient. It would manifestly be more easily accomplished in the cases of women who have been or are parturient.

The Effect of Willed Muscular Movements on the Temperature of the Head—A New Study of Cerebral Cortical Localization.—Extract from a paper on Recent Progress in the Treatment of Mental Diseases, by Theo. W. Fisher, M.D. Harv. (Boston Med. and Surg. Journal):

This is the subject of a prize essay by R. W. Ammidon, M.D., of New York (Archives of Medicine, April, 1880). Three new and nearly related branches of modern medical science, cranio-cerebral topography, cerebral cortical localization, and cerebral thermometry, are first reviewed in their latest aspects. Broca, Féré, and Turner substantially agree in locating the lower end of the fissure of Rolando, which is the most important landmark in the brain, six centimeters above and a little behind the external auditory meatus, and its upper end four and five tenths centimeters behind the bregma. The neighboring convolutions, supposed to contain the psycho-motor centers of the opposite half of the head, body, and extremities, can easily be mapped out from this central line. An outline head is given with a modified system of Féré's lines, from which all the convolutions can be located on the living subject. Dr. Ammidon holds that, in spite of numerous negative and contradictory facts, most observers will today agree that there is a certain area in the human cortex of psycho-motor centers, and other areas possessing either sensory or psychical, or at least no motor, attributes. Ferrier, Hitzig, and Munk have laid out a map of psycho-motor centers, which is supported by a large amount of clinico-pathological evidence. Davy made the surprising discovery that in decapitated animals and in man the post-mortem temperature of the cerebral mass was often 8° to 10° F. below that of other organs. Lombard, in 1867, in his thermo-electrical experiments on the difference in temperature between the scalp and the extremities, noticed marked fluctuations, due to mental effort. For instance, there was always a rise of temperature in the head and fall in the legs on reading a book, graduated accordingly as the book was stupid or the reverse. The rise was greatest on reading aloud. His last work, in 1879, on the effect of mental states on cerebral temperature, embodies the results of sixty thousand experiments, and demonstrates that small elevations of temperature result from intellectual and emotional excitement. Schiff, Broca, and Gray have still further elucidated this subject by their experiments, proving local increase of temperature under sensory and other forms of psychical excitement. Gray found that the temperature of the left hemisphere was the higher when at rest, but rose only half as much as the right after reading or lecturing. He was also able to locate a tremor of the brain by the thermometer. In insanity the highest average temperature (36.9° C.) has been found in furious mania and the lowest (36° C.) in dementia. In all mental diseases the occipital lobes have the lowest temperature and the frontal the highest. It is higher in the frontal lobes in mania, simple melancholia, and dementia, but higher in the parietal lobes in general paralysis and in melancholia agitata.

In the summer of 1879 it occurred to Dr. Ammidon that excessive use of peripheral parts might cause a sufficient rise in the cortical center for that part to manifest itself in the scalp. This he demonstrated in a series of experiments which we do not propose to describe in detail, but will refer the reader to his essay, the accompanying diagrams being essen-

tial to their correct understanding. Having determined by the thermometer the supposed cranial locations of the centers for all the larger muscles and groups of muscles, he transfers them by means of outlines to the corresponding convolutions, and finds but little of the cerebral convexity uncovered. The unaffected regions are the anterior half of the temporo-sphenoidal lobes and the extreme anterior portions of the frontal lobes. He finds a striking correspondence between the centers marked out by thermometry and those of Ferrier as far as the latter extend. He thinks some of the large elevations of temperature noticed by Lombard and Gray after mental action was due rather to the accompanying muscular action of the face in speaking and the arms in gesticulating. He claims to have added many centers to those of Ferrier, in parts before considered psychical or sensory.

The Use of the Actual Cautery in Ulceration of the Cornea.—By Dr. Fuchs (Vienna): The application of the actual cautery in cases of ulceration of the cornea was, so far as Dr. Fuchs knew, just adopted by Martinache, of San Francisco, and Gayet, of Lyons. At the meeting of the German Ophthalmological Society in 1870 Prof. Sattler mentioned the success which had attended it; and Dr. Fuchs had since employed it in appropriate cases in Prof. Arlt's clinic, with encouraging results. The instrument used by him consisted of a ball of the size of a large pea, with an arm like that used by dentists for the destruction of the dental pulp. It was easily heated red in any good gas flame, and was best applied when the iron was beginning to become black. He had used it in abscesses of the cornea and in *ulcus rodens*. The abscesses were partly traumatic and partly spontaneous; some were the result of smallpox. The application was not followed by any serious reaction. He regarded the action of the cautery as that of a powerful caustic, destroying the suppurating parts and the infectious germs contained in them. Its great advantage consisted in its strict limitation to the affected part. Dr. Fuchs believed Paquelin's cautery, or the galvano-caustic apparatus, liable to become too hot, while the point of the latter was too large for application to the cornea.—*Extract from the British Med. Journal's report of the Forty-eighth Annual Meeting of the British Medical Association.*

The Therapeutic Use of Phosphate of Bismuth.—According to the *Union Pharmaceutique*, Dr. Tédénat prefers the phosphate of bismuth to the subnitrate (Medical Press and Circular). The anti-diarrhetic action of the phosphate is identical with that of the subnitrate. Thanks to its greater insolubility, however, the phosphate acts in slightly less doses, especially in affections of the stomach. In spite of the acidity of the fluids of the stomach, it is completely absorbed. The dose varies according to the case; generally it is from one to two grams. The mode of administration is the same as that of the subnitrate. In children it suffices to deposit the desired quantity on the tongue, and give the child the breast or the bottle. The salt is easily drawn into the stomach, and considerable doses may be given in this manner. In adults the remedy is held in suspension in some liquid. In many cases lozenges of one to two grams in weight are very useful. They disintegrate in the mouth, and the phosphate is gradually taken into the stomach.

The Continued Electro-galvanic Current in Amenorrhea.—The following, from the *Med. Times and Gazette*, by R. R. Good, M.D., of Paris, will be read with great interest:

In December, 1872, Miss B. consulted me for a cervico-brachial neuralgia. She had suffered for three consecutive winters, and as internal remedies have proved of no avail, I proposed the electro-galvanic current. Owing to the inflammatory process in the neurilemma and the surrounding tissues, the nerve-tracts appeared swollen, hard, and exceedingly painful to the touch. I applied the current not only to the affected parts, but, the better to act upon nutrition and absorption, also to the nerve-centers, the upper part of the spine, and the superior cervical ganglion. When, after three months of this treatment, I was able to discharge the patient cured of her neuralgia, she told me that the catamenia had again appeared at regular periods and without pain—a relief she had not known for a long time. As I had administered iron, arsenic, and bitter tonics, I was little willing to credit the continued current with emmenagogue virtues, especially since the poles had not been applied to the pelvic viscera.

Two years later I witnessed a similar accident—only in this instance the effect produced was not at all to the liking of the patient. A married lady, whom I had under treatment for a lumbo-abdominal neuralgia, informed me after the seventh electrization that the negative pole, which I had given her to hold over the region of the left pubis, had burnt a little hole through the skin, and that, moreover, the menstrual flow had set in an appearance twelve days in advance of the usual time. She was dissatisfied, and, instead of continuing the electric treatment, begged me simply to give her a prescription for quinine, which, as she remarked, had on former occasions at least given her temporary relief.

A few days after this mishap, I happened to see Dr. Chéron, an authority here in Paris on matters of electro-therapy, and in talking to him about these cases he assured me that I had discovered nothing new, but that on the contrary, the influence of the continued current over menstruation, especially when applied to the cervical ganglia, was a well-known fact. Since then I have treated eight patients for amenorrhea; of these five were cured, two ameliorated, one case being a complete failure. The continued current can only find its application when the affection is due to an inertia of the utero-ovarian apparatus, to a disturbance in the circulation, or to defective nutrition. To resort to galvanism when the evil has its origin in mechanical obstruction would, of course, be useless; but as my cases were selected by Dr. Sims and Dr. Pratt, I ran no risk as to a wrong diagnosis. The length of time in which the cures were effected varied from five to thirty-seven days, usually a sitting of half an hour every other day. The number of elements employed—always the descending current—were from twenty to thirty for the upper part of the spine, the lumbar and the ovarian regions; and from six to ten elements for the sympathetic nerve, applied along the inner border of the sterno-cleido-mastoid muscle.

A case not included with the above, but one which illustrates in a striking manner the influence of the continued current over the ovarian circulation, is the following: Lady W., while walking on a newly-waxed floor, slipped and fell. A few days after the fall she began to complain of a weakness of the low-

er extremities and of a functional derangement in the organs of the pelvis. Later on, the left ovary became congested, giving rise at each monthly period to very painful reflex neuralgia. When the trouble had lasted nearly three years Dr. Sims was consulted. He was kind enough to bring the patient to me, and after seven weeks of treatment, and a final examination having been made, I received the note which I here give, and which I consider of more value than pages full of theories and suppositions:

12, PLACE VENDOME, December 3, 1878.

"My Dear Dr. Good: I am most happy to say that Lady W.'s improvement is beyond all expectation. The electricity has exercised great influence, reducing the ovary to such a state that I could hardly have found it if I had not known exactly where to look for it.

"You will, I am sure, be glad to hear that our patient from Bar-le-Duc went home menstruating normally.

"With many thanks for your kind aid in these two interesting cases, believe me, dear Dr. Good,

"Yours most truly, J. MARION SIMS."

I myself am inclined to believe that, if I have not fallen upon an extraordinary series of cases, the continued current is entitled to hold honorable rank among the remedies usually resorted to in amenorrhea. Nor need the burning of the skin be laid to the charge of the current; when this accident occurs, as it did to one of my patients, it is solely due to the negligence of the operator, and not to a defect in the method employed.

The Effect of the Grand Junction Canal on the Health of Paddington.—At the fortnightly meeting of the Paddington Vestry, held last week, there was a long discussion on the report of the medical officer of Health as to the alarming increase of scarlet and other fevers consequent on the foul emanations and effluvia arising from the mud-banks of the Grand Junction Canal. A memorial has been presented from the inhabitants of Johnson's-place and the vicinity, complaining of the offensive odor, and the sickness which prevails in consequence of the condition of the mud-banks of the canal—the accumulation, it is stated, of years. The report showed that, notwithstanding the remonstrances of the medical officer to the company, that the mud of the canal was several feet deep, and that consequent on the nuisance scarlet fever was raging in its vicinity to an extent never before experienced, no steps whatever had been taken for its abatement. In the course of the discussion it was stated that in some parts of the canal the mud was almost up to the surface of the water. It was eventually decided that the solicitor to the vestry should immediately apply for an injunction to restrain the company from continuing the nuisance to the detriment of the public health.—*Medical Times and Gazette*.

Vaccine Virus.—Dr. Stevens, of London, and Dr. Atlee, who have both had an immense experience in vaccination, declare there has not been the slightest deterioration in the efficacy of the humanized lymph.—*St. Louis Courier of Medicine*.

Coca in Delirium Tremens and Alcoholic Tremor.—Dr. P. D. Winship, Marshalltown, Iowa, commends this remedy in the above-named disease, in a paper in the *Therapeutic Gazette*.

Hydrophobia Five Years After Inoculation.

M. Colin related to the Académie de Médecine, at its last meeting, a remarkable instance of prolonged incubation of hydrophobia (London Lancet). The case was that of a man who died a few minutes after being admitted (on August 31st) into the hospital, presenting maniacal excitation, expectoration, fear of drinking, and apprehensions, during more lucid moments, lest he should injure those about him. The autopsy showed no lesions, but some small cicatrices were noted on the left wrist and in the front of the thorax. Further inquiries showed that the man had been ill two days only. On the first he complained of a severe pain in the hepatic region and extreme thirst, although he could not drink; as soon as he raised a cup to his lips he was seized with shivering and spasm. The next day he complained of severe sense of constriction in the pharynx and a feeling of a wish to bite. The symptoms thus seemed clearly those of hydrophobia. No history could be ascertained of a bite from a dog during the previous five years. On November 2, 1874, however, in Algeria, he had been bitten by a dog, which was attacking a comrade, to whose assistance he went, and who was also bitten. The latter had his wounds cauterized the next day, and died in eight days of hydrophobia. The patient of M. Colin was cauterized half an hour after the receipt of the bite. Some authorities, as Devergie, have maintained that cases of prolonged incubation are really cases of "nervous hydrophobia;" but the symptomatology of such a case as this seems too precise for the theory that an attack so virulent could result from "nervousness." Hydrophobia is relatively common among the soldiers in Algeria, especially in the interior of the country, at the farms, where there are Arab dogs; and it is still more common among the civil population.

In regard to these prolonged periods of incubation in hydrophobia, of which this case presents an instance most remarkable, if not altogether beyond the reach of criticism, it is worth while to refer to one of the results obtained by M. Pasteur, of which we gave an account last week. It has long been a favorite explanation of these cases to suppose that the virus remained localized in the wound, developed there, and only caused the symptoms when, in consequence of some adventitious circumstance, it passed into the blood. M. Pasteur has shown that this explanation is, as regards some diseases, not a matter of theory, but of fact. He has found that in the chronic cases of "cholera of fowls" the poison does develop in certain organs, and not, as in other cases, in the blood, and that when, after a variable period, the organized poison passes into the blood, severe symptoms come on rapidly, and the creature soon dies.

Foreign Bodies in the Auditory Meatus.—At the meeting of the Paris Société de Chirurgie on October 20th a discussion took place on foreign bodies in the auditory canal and their removal (Med. Press and Circular). Dr. Despres, after mentioning some cases in which Mr. Roustau, of Montpellier, had removed foreign bodies (beans in two cases) by means of iron wire, said he considered injections of tepid water in the ear a better method of procedure, and more harmless. We must distinguish cases in which the foreign body has been only a short time in the ear from those where it has been long enough to set up an external otitis. In both cases injection of water may remove the body, or, at any rate, modify the condition of the parts. Dr. Gillite related a case which

occurred last year, where he removed from a child's ear a pea which had been there seven years. By daily well directed injection of water the body was removed, and the child now hears well. Dr. Terrier remarked that injection of tepid water is a classical procedure, but there are cases where it does not succeed, for instance, where there is much swelling or when the foreign body has got into the tympanum. Very often, however, attempts made by skillful surgeons are unsuccessful at the time, but later a simple injection of water suffices when the inflammation has diminished. When the foreign body entirely fills the passage injections of water can only force it inward. In such cases it should be put aside with a probe or hook, so that the water may get behind it. The classical method should always be used first, but there are some cases in which it is not sufficient. As Dr. Marjolin remarked, the classical method is often forgotten, and that is why in hospital cases there is often so much difficulty. M. Verneuil said that when a patient came to hospital, and has not been touched, it is generally easy to remove the body by syringing; but when extraction is more difficult, the patient should be anesthetized. There is, then, no risk of perforating the membrane should the patient move; besides, it is more easy to make a diagnosis. He had seen a child which was brought to him by a *confrère*, who wished him to feel a foreign body with a probe. He pointed out to him the membrane tympani was perforated, and that the probe penetrated the tympanum. M. Faraheuf narrated a case where a child was brought to him on the sea-beach with an ear of barley in the meatus. Having a forceps in his pocket, he drew it out without using a syringe.

Test for Arsenic.—The following test is of easy application, and is specially applicable for paper hangings or suspected fabrics: Immerse the suspected paper in strong ammonia, upon a white plate or saucer; then drop a crystal of nitrate of silver into the blue liquid, and if any arsenic be present the crystal will become coated with yellow arseniate of silver, which will disappear on stirring.—*Practitioner*.

Essence of Wintergreen in Purulent Cystitis.—The essence of wintergreen, more used in perfumery than in pharmacy, is, according to the *Journal de Médecine et de Chirurgie Pratiques*, used by M. Perier, of the St. Antoine Hospital, in the treatment of purulent cystitis. It is a powerful antiseptic of a penetrating but not disagreeable odor and non-irritant (Med. Press and Circular). Though its price is high, this does not form a bar to its use, as it is given in very small doses. The essence of wintergreen is procured from the *Gualtheria procumbens*, a North American shrub. Chemically, the essence is called salicylate of methylene, or methylsalicylic ether; it is only slightly soluble in water. Dr. Perier employs the following combination: R Essence of wintergreen, 6 grams; tinct. of guillaya saponaria, 30 grams; water, 1 liter. This forms an excellent fluid for injecting into the bladder, for washing wounds, and for some simple dressings.

Biliary Secretion.—We have found thirty centigrams of iridin, or twelve centigrams of euonymin, made into a pill with confection of roses, taken at bedtime and followed in the morning with a saline aperient, a certain remedy for biliousness, leaving no disagreeable effects except a slight depression.—*Dr. Rutherford, in British Med. Journal*.

Phosphorus as a Preventive of Congenital Malformation.—A correspondent writes to the British Medical Journal: A young married lady applied to me to attend her in her confinement. The child when born was puny, feeble, never breathed properly, or took proper nourishment. It died in a few days. A second pregnancy ensued; the child of this delivery had terrible convulsive attacks from a few days after birth until its death, at the age of over a year. Its feet were clubbed, its hands twisted, and its spinal column hopelessly curved. A third pregnancy and delivery took place; this third child had harelip, cleft palate, clubfeet, twists of the hands on to the forearm, in addition to spinal curvature. It lived, if I remember rightly, over a year. The poor mother came to tell me the dread news of her fourth pregnancy. Happening at the time to be much exercised in my mind on account of an annoying failure I had had in selection or in luck in the breed of horses, I had been reading every available treatise thereupon, and was greedy for every scrap of information. In an American veterinary note, I saw that a farmer down West had used phosphorus with marked success as a medicine given throughout pregnancy to mares who threw malformed foals. I immediately put my patient on a combination of phosphorus and quinine, made by Messrs. Kirby & Co. of Newman Street. She took the pills regularly thrice daily, and a healthy girl was born, when the pills were discontinued. Soon after the confinement my patient told me she "missed the phosphorus dreadfully"; and, there being no sign of milk, I sanctioned the resuming of it, and lactation speedily supervened. This child thrived well until it caught hooping-cough, when it nearly died from the most severe attack of that malady which I have seen in a child so young; but that it possessed stamina sufficient to withstand the disease (and, perhaps, the treatment, for we left no stone unturned), speaks volumes for its vital power. And yesterday a healthy child was again born to her (a son), after nine continuous months of phosphorus, which, rightly or wrongly, I accredit with having prevailed upon nature to change the type in this instance. These are the bare facts which seem to me worthy of this much record. To many, no doubt, they will be trite enough, and all may have expected such a result. I was one of those sceptics who "expected nothing," and was any thing but disappointed.

On the Part played by the Stomach and Pancreas in the Digestion of Fat.—A paper appears in the October number of the *Archiv für Anatomie und Physiologie* on the relative share taken by the stomach and the pancreas in the digestion of fatty substances, by Dr. Th. Cash. He begins by pointing out that Bernard long ago proved that the oleaginous constituents of the food must be emulsified before they undergo absorption through the agency of the intestinal and especially of the pancreatic juices. His experiments were supported by those of Brücke, yet it has not been actually demonstrated that the breaking up of the fats into minute droplets and their investment with a soapy membrane, which is perfectly effected in the lacteals, is already accomplished in the intestine. Dr. Cash's experiments were undertaken under Ludwig's supervision, with this object in view. Dogs were kept fasting for eighteen hours or more. Food was now administered, and four hours subsequently the animal was killed with curare. The abdomen was then opened and the intestine divided

by ligatures into several portions of about a foot in length, so that each part retained the fluid it contained during life. The segments were opened, the contents tested with litmus paper, and received in test-tubes. A quantity of water, equal to the fluid obtained, was added to each tube, warmed to 60° C., and filtered. After the solid residue had been heated in this way several times with water, the cloudy fluid which had passed through the filter was placed in a cylindrical glass and subjected to centrifugal action for an hour or two. The oily portion of the fluid after this treatment swam upon the surface of the water. The contents of the small intestine were invariably found to leave an acid reaction, and on the surface of the fluid which had been subjected to centrifugal action oil-drops accumulated of various sizes, which, however, never presented the slightest tendency to the proper color of an emulsion, while the oil-drops could be easily made to coalesce, and could then be easily emulsified with a dilute solution of soda. It hence appears that fats are absorbed in the free state, and their conversion into an emulsion first takes place after absorption is effected.—*London Lancet*.

Alleged New Parasites in Beef.—M. Poincaré, at a recent meeting of the French Academy of Sciences, claimed the discovery of a new parasite in beef, which is of a cylindrical shape, is conical at either extremity, and contains a granular mass (*Chicago Medical Review*). The discoverer thought that it was the embryo of an hitherto unknown variety of tapeworm, but Meguin, in a communication to the Biological Society, claims that there are no grounds for this view, and that the parasite is not unknown to science, being identical with the parasites found by Miescher in the muscles of the horse. Whichever observer is correct, it seems that the parasite is common enough, for they seemed to find no difficulty in finding specimens in nearly every butcher's shop. It seems an important question to be determined whether it is a *tænia* embryo or not, and we think it would not be difficult to settle the question by feeding experiments.

The Treatment of Ringworm.—A writer in the British Med. Journal says: The difficulty experienced in the treatment of ringworm is known to every one who has seen much of this disease. I therefore think your readers will be glad to hear of a remedy which I have recently used with complete success. Struck with the similarity that exists between the disease known in the East Indies as *dobzitch* and ringworm, and knowing how rapidly the former yields to the application of goa powder, I was induced to try the active principle of this substance, chrysophanic acid, in the proportion of one dram to one ounce of vaseline. The result has been the rapid destruction of the fungus, and consequently a complete cure. Chrysophanic acid has been recommended in the treatment of psoriasis, but I am not aware of it having been used hitherto for ringworm.

Removal of Nevus.—Dr. Madras, writing to the Med. Press and Circular, thus describes his method of removing a nevus: I vaccinate the nevus with liquid vaccine lymph, from which inflammation sets in, and in ten days, instead of the purple appearance of the nevus, you have a white cicatrix. I wish all medical men would follow my plan in vaccinating infants with nevus by vaccine lymph.

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THE IMPOSSIBLE IN MEDICINE.

BY WILLARD H. MORSE, M. D.

PART I.

Medicine is something in which perfection has not as yet been attained. Its highest excellence is but an approximation. The one great object of life is to reach a state of perfection, and the ultimate end of all of our endeavor is to attain to that height which has all that exists below it and nothing above. We live in a brilliant era. The past, with its gloom, its ignorance, and its conceit, has nothing in common with the enlightened present. The medical profession of today limits and respects that which has passed into the shadows; bears and tolerates the unsatisfactory present; and looks, while it moves forward, to a glorious future. The physician's work is being assisted by home endeavor. No longer do we work aimlessly with uncertain hands. *Mind* is the master instrument of our warfare; and it is the keen, the strong, the persevering mind that furthers human effort in professional skill, and that is destined to penetrate to the deepest secrets, and to breathe into the material life the life of the highest. The destiny of man is undeterminable, and among men the destiny of the medical profession is in a pure perfection. The profession cherishes a most exalted idea of what a physician should be, but I think that we may put forth stronger efforts to reach that acme. It is not at all proscribed. We have the divine command to go on unto perfection; and if such is the word, the will can overstep all difficulties, and the aspiration for highest eminence be attained. We can make our lives sublime. Nature wishes no

man to sit in the seat of his fathers. It is ours to develop the utmost possibilities of our calling, but what those possibilities are we can scarcely say. In seeking the great future the physician must not for a moment forget that he steps in his quest from the present. We do not stand in mediate ether; we work from a present, which, though brilliant in our eyes, will be to the child of another era dark and drear. To touch the ends we must admit the means, and these we must take all in all. There are stars in our heavens and there are clouds. Though much the less material, we can not deny the clouds. Much has been done in medicine, more is undone, and still more may be done. Although the future will not own such an hour, we are obliged to admit the existence of many blanks in the space of our time. I feel that it is not my province and beyond my ability to speak of the *impossible in medicine*, but I would like in this essay to direct my thoughts to this complex subject.

Alexander Bain, from the heights of Scotch philosophy, says, "Pain expresses an ultimate fact of human consciousness, a primary experience of the human mind, resolvable into nothing more general or more fundamental than itself." Dr. Theophilus Parvin, in commenting on this passage, asks, "But *why* was that fact?" Dr. Robley Dunglison speaks of of pain as "a disagreeable sensation which scarcely admits of definition;" but Dr. Parvin's question will recur to every thinking mind. It becomes no man to speak lightly in answer. In the words of a brilliant writer we may say that "pain was the first lesson in the book of evil which most human beings read in such bitterness of sorrow." It is the first dreg in the cup of life that touches the tongue. But the fact—why? Ask it not, for it is unanswerable. When science comes to know the life of the intellectual and moral nature of man, then will the material organism be understood. Out of the life originated the pain, but the mystery must content us. It is safe only to know that it is

the evidence of existing humanity; it is a minor mystery interlocked with the mystery of life. The drift would carry us to a study of the physiology of life, of the essence of life. Greater still is the mystery of death, that dread servant of nature. Touch the one, and the other is by; for life and death are intermarried, and pain is their child—the favorite child of death, as health is the beloved daughter of life. Carry the figure still further, and lives there a man who can recognize the sisterhood of pain and health? Yes; the two are sisters, born of the union of life and death. Mystery giveth birth unto mystery. That is the sum of philosophy, the essential of all that Berkeley, Bacon, and Fontenelle have written. Consider, however, that life and death, with their offspring, live in bondage to man. They are slaves, and yet they have a free existence. The franchise is not of human power, and man is subject to his own bond-servants. We are led on in our reasoning to ask, What is man? The Greek scholar said that man, *ανθρωπος*, took his name from *ανα*, “upward,” and *πρετω*, “I turn,” because he was the only erect animal; but such a definition is arbitrary. Divide the question. Think of man as a duality, as a *mind*, and as a *material organism*. Combine the fact of intelligence with the phenomenon of matter, and the product-result is man. The marriage of the spiritual and the corporeal is actuated in man and man alone. Our idea of the vital power correlates it with that something which Beale and his school call “the super-physical.” The vital is not material, but we can not contemplate it. Well may we exclaim with Derghavin:

None can mount

Up to thy mysteries. Reason's brightest spark,
Though kindled by thy light, in vain would try
To trace thy counsels.

As the child hears the rolling sea in the pink shell of the beach, let us from one of her letters see if we can read the word of the great problem of teleology.

The Bible does not claim to teach scientific truths, yet it is not a little remarkable that incidentally there is pronounced by inspiration a tenable theory of the vital principle that resides in the blood. In the law given by the Supreme Being through Moses to the nation of Israel is found, in casual connection, an axiom, to discover which modern scholars long studied, and the truth of which is confirmed by the principles of recent researches. In the wilds of the desert of Sinai there came to the great Israel-

itish lawgiver the command that his people should abstain from the eating of blood, and coupled with this law was that relevant and congruous theorem of biology—*Ki nephesh habbâssâr beddom he*, “For the life of the flesh it is in the blood.” Nine hundred years previously, from the same divine source, had emanated a similar proposition, heard alone by the patriarch Noah, which found its first reverberation in the time of Moses, and in our present time is written as a fixed and proved scientific law. This divine asseveration, announced by the inspired writer, forms the hidden basis upon which is built the great superstructure of physiology, and the same fine tenet is the foundation of one of the fundamental laws of pathology. With pure blood there is no disease, but with a change in the nutritive fluid disease results. Either directly or indirectly all disease is due to some morbid condition of the blood, yet we by no means understand the existent relation in all cases. Pure blood is health and life; impure blood is disease and death. If we understood all of the morbid conditions of the blood, our knowledge of the special pathology would be no longer limited, and to it we would refer the morbid conditions of the solid structures. It would be irrational to refer the etiological connections of disease to any other part of the body than the blood, for there is no other portion of the body that has such wide relations. Suspicion has been directed to the nervous system, and certain pathologists have sought to place it on the same footing with the fluid of life. But it has been demonstrated that the susceptibility of the nervous system to morbid influences has no independent action, having derivation wholly from a directing power communicated to it by the effects of diseased blood. This is equivalent to saying that diseases affecting the nervous system are primarily due to the action of blood-changes. There was a time in the nearer eons of the dark past when the doctrine of exclusive solidism was held by the authorities in pathology; but we have exceeded the limits of our fathers' knowledge, and, relegating their idealism to its place in obscurity, have developed the first principles of a truth that future researches will establish. No teacher asserts today that diseases originate in the solid tissues; but in the brilliant light of the new era in medicine it is taught that the morbid conditions in all diseases are resident in that fluid which was denominated, fifty centuries ago, “the life of the

flesh." The studies of the physiologist have done nothing save to work out this problem given by inspiration. In vain has it been attempted to sketch a different truth that would be other than corollary to this plain statement; but after extended labor it has been found that we have worked to a centric point, and at last come back to the place of commencement. The great first law of physiology, written by the hand of the Highest in the misty days of the past, and but recently promulgated by the scientist, clearly states that "pure blood constitutes that force-matter which is called life;" and as pathology is the outcome of physiology, so the prime law of that science is deduced from the corresponding statute of physiology, and reads, "Disease is due to some abnormal state of the blood." These are the two grand rules that constitute the groundwork of the science of medicine. From them there can not be aberrance, and in substance they are both perfect, never divaricating, always presenting a complete whole.

Accepting these two laws, we can the more readily undertake the confessedly difficult task of defining disease and health. The one bears a certain co-relation to the other, but the boundary between them is vaguely drawn. We understand health to exist when all of the tissues are normal and all of their functions are harmoniously performed. Therefore, applying the law to the question, we may say that "Health is that state when by reason of a supply of pure blood all of the body-tissues are in a condition of absolute integrity, and, as a natural resultant, perform all of their functions in normal manner." Disease, on the other hand, may be excellently defined as a "disorder affecting the tissues of the organism, as regards their constitution or the exercise of their functions, in proportion as the blood is materially altered." In a general way, it is stated that all disease is due to certain changes in the blood, which changes may be either quantitative or qualitative. Speaking more minutely, we contain in the assertion the same thought when we say that these changes may be either appreciable or inappreciable, determinate or indeterminate. It has indeed been said in opposition to this doctrine of pathology that when its supporters speak of "indeterminate blood-changes" it is done that a loophole of escape may be contrived. This is not so; there is no weak spot in the doctrine. In argument, a disease is cited that does not appear to have

any pathological relation to the blood, and it is asked how its causation is connected with blood-changes. There is nothing to urge in explanation. All that we can do is to reason by negation, and admit that it is impossible to tell, but that at no distant day tentative efforts may answer the question. The advocates of humeral pathology seek no refuge in blind retreat to imperfect cover, yet firmly believe that the time will come when that which is now inappreciable shall be apparent. What use to veil our knowledge by the vagaries of uncertainty, and bring on our heads opprobrium? Better, far better, it is to own that in the present state of our science we do not know what we are sure we shall in time add to our knowledge. Thus it is that at the very beginning of our investigations we trench upon the domain of the impossible. Even such an astute observer as Dalton condenses his lack of knowledge into an obsolete word, and the elder Flint resorts to the use of the word "functional" whenever he is uncertain as to what the morbid changes are. The example set by these original thinkers is followed more or less by nearly all who treat of many-featured disease. To stand our ground, though defeat be certain, is far better than to fly.

Admitting that the determination of the inappreciable is not at present possible, we have the key that opens the door to that which is still darker. In etiology lies all the difficulty. Why is it not an easy matter to diagnose, prognosticate, and successfully treat an obscure, incurable disease? The answer is found in the fact that we do not understand, or understand but imperfectly, its cause. If we have trouble with the general pathology and its congener, general etiology, in their application to a type of disease, we necessarily fail when we attempt to solve the special etiology or pathology of a given disease. The best observer does not know why a change of the blood is causative of headache, and it is because of this one reason that there is no known cure for headache that has a direct action. If we understand the intimate etiology of a disease, then its treatment is without difficulty. As an example, take diphtheria. Less than a decade ago it was one of the most dreaded of diseases, but the pathologist has pushed his way over obstacles till he has discovered the condition of the blood and of the solid structures at the invasion of the malady; and, having come to a direct knowledge of the minute nature of the cause, he knows

what resources of the *materia medica* can be brought to bear upon those causes with success; consequently diphtheria yields to the measures advanced against it. Not impossibly a disease may be cured by chance, yet the practitioner who attempts at random the cure of a disease must be destined to meet an inevitable disappointment until persistence wins the prize. Tentative trials were the rule in the old school. If bleeding would not cure pleurisy, mercury might, or opium, or some other drug. Medicines were given with the hope that at last some one remedy might be successful, and thus it was that many measures of treatment came to be employed. The so-called old school of physicians had patience; but if that patience paid its price in the loss of precious life, as it did, what material benefit was gained? We have outgrown the practice of experiment and adopted a less questionable mode of operation. The physician of today can not afford to waste time. He is progressive. The chemist knows that hydrocyanic acid is composed of one part of hydrogen and one of cyanogen, and that the cyanogen gas is twenty-six times heavier than the hydrogen, making the atomic weight of the hydrocyanic acid to be twenty-seven. Now in manufacturing the acid he combines the two components in their known relative proportion, and never commits the error of adding double the quantity of cyanogen to the one part of hydrogen; but formerly the practice was to keep adding little by little of one compound to the other until at last the acid was made. And in like manner the physician works. He has learned—not by raw experiment, but by scientific research—that a certain morbid state of the blood under certain circumstances producing a given disease loses its power to hold the disease when it is met in the system by a medicine of a known and fixed power.

Thus is written the new gospel of medicine. An extrinsic or intrinsic cause, as the case may be, acting on the system produces a change in the normal state of the blood, which change is procreative of a special disease. A known medicine has a counteracting power over this blood-change, if not destroying at least neutralizing its force; and, given to reestablish the normality of the blood, cures the disease. This is the result of the modern application of science to medicine. In the same manner we may deal with prophylaxis. Knowing the cause that acting upon the blood produces the morbid state, we place the patient under

conditions remote from the influence of the causative action. So in establishing a diagnosis: the theory is that a certain state of the blood is produced by a certain cause. Diphtheria involves a blood-change brought about by an immediate cause. The same with typhoid; yet a different cause and a different affection of the blood obtains. The cause of typhoid acting on the system can not produce the blood-change of diphtheria; or, in general phrase, one disease can not be produced by that which causes another disease. Excessive heat, moisture, and improper diet do not produce the state of blood incident to pneumonia, but cause cholera. If we would minutely consider the *materies morbosæ* of a disease, then any error in diagnosis would be utterly impossible; and until we come to an intimate acquaintance with real pathology we shall continue to err in this direction.

As a profession claiming extensive knowledge, and familiar with the outlines of disease, we are forced to admit to the laity that there are certain diseases that we can not cure. More than this, we are obliged to own that in the advanced stages of some of the best-known diseases we can not restore to health. We are told that to admit these weaknesses upon our part is to bring opprobrium on our heads. Is it? To do so would be false modesty. Shall we be ashamed of the impossible? Is the mariner ashamed because he can not cross the ocean by the aid of electricity? Is the farmer chagrined before his fellow-men because he has not a steam-engine to cut his grass? Nor should we be. In the first place, it is a mistake to say that any disease is "incurable." Such an assertion is very common and confidently made. What is more usual than the expressions that "cancer is incurable," "cerebro-spinal meningitis can not be cured"? We are not justified in thus branding these diseases. Only a very few years ago it was generally held that in any of its stages pulmonary phthisis was incurable; but now, if we take it in season, a cure is possible. Physicians have lost case after case of purpura hemorrhagica that we can now successfully treat, even though we do not see the case until it has advanced to the very last stages. Reasoning by analogy, we may say that if a disease once deemed incurable can now be successfully overcome, then a disease that is now pronounced incurable may be cured in another generation. To accomplish such ends we must not go to work in an irrational way. Although exper-

iments in therapeutics are justly excluded, yet we must be as circumspect as circumstances will allow. No physician will give ergot for pulmonary diseases nor treat nephritis with the remedies for syphilis; yet is it not as great a mistake to persist in applying an exploded medicine, or to fancy that one remedy will touch an entire class of diseases? If we would succeed in throwing off the imagined stigma that is attached to our inability to treat those diseases which in popular parlance are pronounced incurable, then we must work in the dictates of reason.

Why is it impossible to cure some diseases? Why is it impossible to cure a disease which we understand when it is in its advanced stages? These are two perplexing questions. The first is not unanswerable, but the answer involves some difficulty; the second can be but partially answered. The reason why it is impossible to cure certain diseases is because *we are not acquainted with the essential changes that the blood undergoes at the influences bearing upon it, and therefore, as collateral to this, we do not know what remedial agents to apply for the neutralization or destruction of the materies morbose*. This may stand as our first aphorism of the impossible. The second question requires a different solution. We know the etiology of the affections, but we can not by any means restore the patient to health, for *the blood has become so altered that our remedial measures are powerless*. On these two answers there is also dependent other related issues. This must be borne in mind in the discussion. To illustrate these two aphorisms, and to show their general bearing upon the prefatory remarks which have been made is the purpose of this thesis. If to coin a phrase be allowable, we may say that we will consider, first, *the impossible of the unknown*; and, second, *the impossible of the known*. Just here in this connection let us say that we must distinguish between the "impossible" and the "unknown." The minutiae of the latter are curious, and a consideration of this theme in its province would be interesting. To the domain of the unknown belong intricate questions. For example, it is asked, How or from what did the very first case of variola originate? Such a question seems absurd; yet to solve it would be instructive. The unknown is allied to the theme that we have taken, but it is distinct and out of our territory. In the sense in which the term is used above we, of course, mean the known and unknown in their rela-

tions to disease as has been further explained in the preceding remarks.

We pass now to a consideration of the "impossible of the unknown." Where shall we run our lines? The bounds are unlimited. The impossible resides not alone in medicine, but in surgery and obstetrics as well. Its greatness we can not understand, nor in treating of the special subject before us do we care to. But there are other points than these: there is impossibility in diagnosis, prognosis, and prophylaxis as well as in therapeutics. Again, there is something beyond the impossible, a something that may be termed the super-impossible. There are undoubtedly lesions of the sympathetic nerve, for there is no reason to believe that any part of the body is exempt from disease; but those lesions we do not know. There was a time when if one had spoken of disease of the lymphatics he would have been ridiculed, but today we recognize such lesions. There are lesions familiar to us all the seat of which we do not know; and correlative, there are diseases of parts of the system that are unrecognized. It is hard to demonstrate some of our best theories, and there are axioms that are not provable. New theories are of daily birth, but their sustentation oftentimes involves difficulties. Some of our oldest theories, that by force of habit have come to be called truths, are still mysteries. Take for an example the doctrine of prognosis. Where does it begin and end? There is in this matter a set subservience to that sub-faculty that we call "judgment." But the best judgment may be at fault. Prognosis is outside of our ken. In the words of an old author, it is "guess work." Much reserve is needed in formulating an opinion as to the termination of a disease. In prognosticating we walk upon a dangerous road in the dark. Just as we are imagining that the way leads us to the home sought we step out of our course over a precipice. We are just as much at sea in speaking of special pathology. We know something about it, but the greater part is impossible to understand. One of its simplest questions is unanswerable. Why is there a greater determination of blood to a part that is inflamed than there is in health? No tongue can answer. There are diseases that can not be cut short. Pleuritis is an example. We can not do it; but what is the reason? We have means at our command, but their exercise and use we do not know. Again, we are lost when we take up the consideration of prophylaxis. We can

prevent the development of cholera, but not of pleuritis. There are diseases that come without premonition, and we can not anticipate their occurrence. Another measure relates to causation of disease. There always exists some internal cause, but from whence it originates we may not know. Even if we understand its origin we can not always explain its development from a known cause. *Why* does cold cause pneumonitis? To answer simple questions is difficult, and turn which way we will we find no place where we can lay down a line and say, Here the impossible begins. In considering the "impossible of the unknown" we can by no means speak of all of the diseases to which that term is applicable, but will notice some few as typical of their class.

Correspondence.

POISONED BY CARBOLIC ACID.

To the Editors of the Louisville Medical News:

Mollie A., fourteen years old, received a severe burn on October 26th. I visited her and dressed the wound from time to time, using carbolic acid as a disinfectant. Soon after dressing the burn, November 7th, her father, through mistake, gave her a large tablespoonful of pure carbolic acid. Immediately after swallowing it she exclaimed, "Why, pa, what was that you gave me?" He saw his mistake, and, having been two or three times informed by me of its toxic properties, turned to me and said, "Doctor, I have given that poisonous medicine!" I seized a glass of water that was sitting near me, and while she drank this I called for two more glasses of water, thinking I would dilute the acid if it had not destroyed the stomach, for it was the best I could do under the circumstances. I then administered an emetic, hoping to produce vomiting if the stomach was not destroyed, but to no effect. In a few seconds after administering the emetic she became unconscious, with no symptoms of emesis. This unconsciousness came on three minutes after swallowing the acid. At seven minutes the radial pulsation gave way. From eight to twelve minutes there were tonic spasms of the muscles, mainly of the flexor muscles. Her breathing became slightly stertorous at about sixteen minutes, and she died in nineteen minutes after taking the acid. There was considerable corrosion of the mouth and throat, and

it is but reasonable to suppose the stomach was in the same condition. Notwithstanding all this she never complained at all, and even at the close of life there was not a single perceptible muscular contraction.

DIXIE, KY. J. R. SIGLER, M.D.

Books and Pamphlets.

THE TREATMENT OF THE GENITO-URINARY ORGANS: The Use of Electricity, Damiana, etc. By John J. Caldwell, M.D., of Baltimore, Md. Reprint from St. Louis Med. and Surg. Journal, June, 1878.

ELECTRICITY IN MEDICINE AND SURGERY, WITH CASES TO ILLUSTRATE. By John J. Caldwell, M.D., of Baltimore, Md.

THE "ABDOMINAL METHOD" OF SINGING AND BREATHING AS A CAUSE OF "FEMALE WEAKNESSES." By Clifton E. Wing, M.D., Boston.

PROCEEDINGS OF THE SECOND ANNUAL MEETING OF THE TEXAS STATE PHARMACEUTICAL ASSOCIATION, held in the city of Galveston, May 13th and 14th, 1880.

HIGHER EDUCATION OF MEDICAL MEN AND ITS INFLUENCE ON THE PROFESSION AND THE PUBLIC: Being the Address delivered before the American Academy of Medicine at its Fifth Annual Meeting, held at Providence, R. I., September 28, 1880. By F. D. Lente, A.M., M.D., President of the Academy, Member of the Board of Managers of the Hudson River State Hospital, of the Council of the University of the City of New York, etc., etc. Published by direction of the Academy.

Miscellany.

SIMULATED ASSAULTS ON YOUNG CHILDREN.—The following very important and timely suggestions of M. Fournier we copy from the British Med. Journal. They should be read by all physicians. Such attempted outrages are growing more and more common. With us these charges are most common among the negroes:

At a recent meeting of the Academy of Medicine of Paris (October 26th) M. Fournier read a paper on the subject of certain false charges of criminal assault on young children which had come under his observation. The victim was usually a middle-aged man of good reputation, and the object, in nearly all instances, was to extort money. The author, however, had met with two cases where the motive was revenge on the

part of women against their unfaithful lovers. The following case was related: A girl, eight years old, who was stated to have been the victim of a criminal assault a few days previously, was admitted into the hospital under the care of M. Fournier. The accused was a gentleman of excellent reputation, and had already been arrested. On examination the child was found to be suffering from violent inflammation of the vulva. The labia were greatly swollen, and showed numerous erosions. The nymphæ, also, were congested and edematous, and all the parts were intensely inflamed and bathed with thick greenish pus. The hymen was intact. There were several enlarged glands in each groin. There was no fever, and the general health was good. The child was perfectly cured in a fortnight by rest, baths, and soothing lotions. M. Fournier remarked that the unusual severity of the symptoms present arrested his attention at once, as he had never before seen such intense inflammation in any case of the kind. Besides, according to the child's own statement, she had only been alone with the accused person for a few moments. This exaggeration of all the symptoms, even supposing an assault to have been committed, led M. Fournier to question the child closely; and, finally, after much coaxing and a present, among other things, of a doll with movable eyes, the child ended by confessing that her previous story was totally false, and that her disorder had been caused by her mother, who had, on three occasions, rubbed the parts with a blacking-brush. The mother was sent for and told the discovery that had had been made. The charge was of course abandoned. Thus, said the author, the woman had betrayed herself by doing too much. Had the effects produced been less severe she would probably have gained her end; for, in his opinion, it could not be too strongly affirmed that between an inflammation of the vulva due to a criminal attempt and an inflammation caused by violence of any other kind there is no sign which can be relied upon for making a differential diagnosis.

Another case was mentioned where a vulvitis of moderate severity was produced by repeated friction of the genital organs with a rough and dirty cloth; and masturbation was stated to be quite capable of exciting in a young child an inflammation in every respect similar to that caused by an unlawful assault. The important part played by the physician in cases of this kind, and the fact

of medical men not being sufficiently aware of the maneuvers resorted to by the unscrupulous persons who made such charges, were the reasons which had induced M. Fournier to bring forward the subject.

OSTEOLOGY IN THE COLUMBUS MEDICAL COLLEGE.—The present mode of teaching osteology in the Columbus Medical College is, in our judgment, a decided step forward (Ohio Med. Recorder). When the professor lectures upon any given bone enough specimens of that bone are distributed among the class to enable each group of three or four students to have the bone in hand, and thus without difficulty to follow the points as they are demonstrated. In the ordinary method the student at a distance from the professor can only see the more prominent points on a bone. The smaller ones, though often of equal importance, are not seen; so that however clear and impressive the description of them may be, they are not demonstrated. . . . Another matter that is being faithfully carried out is that of compressing the study of osteology into about twenty-five lectures. It is too much the fashion of professors of anatomy to linger through the greater part of a course of lectures on the bones.

FRENCH GINGERBREAD.—Whether our gingerbread-makers are as ingenious as those of France we can not say; but it appears, from observations made by Dr. Moynier and Dr. Galippe, that chromate of lead and chloride of tin are pretty extensively used in Paris to color gingerbread in place of molasses or honey (British Med. Jour.). French gingerbread seems to be made of a certain amount of flour, a great deal of glucose, some carbonate of potash, and a little chloride of tin. This compound is perhaps more ingenious than wholesome, and it is to be hoped that it may not be adopted in this country.

HANDSOME.—Professor Holland's article in the October and November Review, entitled "Diet for the Sick," should have been credited to the LOUISVILLE MEDICAL NEWS, and the editors of our brilliant contemporary very properly take us to task for the theft. The fact is, gentlemen, the NEWS is always so full of good things that we can not forbear stealing a little occasionally from you; and when any of our articles are free from any evidence of paternity, our readers naturally say, "From the NEWS, of course." —*Monthly Review of Med. and Pharm.*

OVERWORK AS A CAUSE OF RAILWAY ACCIDENTS.—This is a very important question. From time to time the public are made aware, by the occurrence of some serious accident on our railways, of the severe labor imposed on some of the servants of the railway companies. Another case of this kind has just been made public by the report of Major Marindin on a recent severe collision at Pennilee Junction, when several people were killed. After stating that there can be no doubt that the accident was due to the signalman at Pennilee making a mistake, the inspector adds the following significant paragraph: "But in casting the blame on this man there is one thing which should be remembered, and which ought to receive the careful consideration of the company employing him; and that is the fact that he had already been for over ten hours on duty without intermission, his whole term of duty being for twelve hours. I have no hesitation in saying that it is overtaking a man's strength, both of mind and body, to expect him to work in a busy cabin for twelve consecutive hours without any assistance; and I do trust that shorter continuous hours of work will be adopted on the Glasgow and Paisley Joint Lines, and will become more general." We hope no time will be lost in giving effect to this recommendation.—*British Med. Journal*.

AN ENGLISH AMERICANISM, WE GUESS.—

Her yellow hair was braided in a tress,
Behind her back, a yard long, I guess.

—*Chaucer*.

"He whose design is to excel in English poetry would not, I guess, think that the way of it was to make his first essay in Latin verse."—*Locke*.

THAT SETTLES IT.—We copy this from the *British Med. Journal*: The following resolution was passed at the last meeting of the Medical Committee of the Middlesex Hospital: "That, as the results of a prolonged and careful trial of Chian turpentine in the treatment of cancer prove the drug to be quite useless as a cure for that disease, directions be given to the dispenser not to obtain any more of the drug for the cancer-patients."

THE Lumleian Lectures will be delivered this year by Dr. Reginald Southey, of London. Subject, "Bright's Disease." This able and eminent physician is sure to give to the profession lectures of practical value.

DUPLICATING PRESCRIPTIONS—A REMEDY SUGGESTED.—Dr. E. T. Blackwell writes to the *Phila. Med. Times*: This is a grievous wrong against which only the amplest co-operation can be successfully brought to bear; and this should be exerted upon our national legislature, to the end that prescriptions uttered in manuscript be protected by copyright, the handwriting and the autograph of the author being held sufficient to establish his claim to the property in question. *A patient should no more be permitted to multiply copies of a prescription or duplicate the medicine it calls for than he should a book or magazine that he buys.*

Mlle. SARA BERNHARDT AND HISTRIONIC DEATH.—Mlle. Bernhardt's deaths are remarkable, artistic, and effective. We must confess to having seen few in real life that moved us so deeply. The death-struggles, we may say, were remarkably life-like in a certain sense. We have never seen their equal in real death. We can recommend the profession to study the phenomena of the histrionic death as shown in Mlle. Bernhardt, for a physician may practice all his life and never see any thing like them.—*Medical Record*.

OLD WINES.—According to the experiments of Macagno (*Berlin Centralblatt*) the mellowness of old wine is due more to an increase in the amount of glycerin present than to a decrease in the tannin. There must also be a certain proportion between the amounts of alcohol and tannin in order that the wine may keep well.—*British Med. Journal*.

R. OGDEN DOREMUS, M. D., LL. D., Professor of Chemistry and Toxicology in the Bellevue Hospital Medical College, has descended to writing scientific (?) puffs for patent cigarettes!—*Ohio Med. Recorder*.

[Can this be true?—EDS.]

A ROYAL medal of the Royal Society will be conferred next week on Professor Lister, on the recommendation of the Council, in recognition of his important physiological services, and the advances in surgery due to his studies and application of antiseptic principles.—*British Med. Journal*.

A COURSE of stenography has been organized at the Academy of Medicine, St. Petersburg, and one hundred students have intimated their intention of following it.

Selections.

Music as a Therapeutic Agent.—Dr. Oscar Jennings, of Paris, writes to the London Lancet:

That music quickens the breathing and makes the heart beat faster is well known, and it is not difficult to infer that this results from stimulation of the centers regulating the cardiac and respiratory functions. It is instructive to learn that strychnia increases while bromide diminishes the effect thus produced on the circulation, but this is precisely what might have been anticipated *a priori* from our knowledge of the action of these drugs on the nervous centers. That idiosyncrasy is apparent in the effect produced is also a matter of common observation. This is sometimes explainable, no doubt, by physiological peculiarities, as in the case of one of my relatives, who is, I believe, absolutely incapable of distinguishing any tune whatever. At other times the effect caused by musical sounds depends upon mental conditions, and is influenced by circumstances accompanying their production.

Whatever may be its mechanism, there is no doubt that music does exert a powerful physical action, and now that the fact is officially recognized by physiologists, it may be well to call attention to the therapeutics of music, too much neglected, perhaps, at the present day. Pythagoras held that music might be made serviceable in the treatment of various diseases, and so have many generations of physicians down to our own time. "Music," says Esquirol, "acts upon the physique by determining nervous vibrations, by exciting the circulation. . . . It acts upon the *morale* by fixing the attention upon sweet impressions, and by calling up agreeable recollections." In the treatment of mental disease," says the same author, "I have constantly used music. It calms and soothes the mind, although it does not cure; it is, however, a precious agent, and ought not to be neglected." Pinel, who was no mean authority, also gives ample proof of its value in his classical treatise upon mental alienation.

At the present day concerts are a standard element of treatment in many lunatic asylums, but as usually conducted they may be considered to form a part of the general hygienic and moral treatment, and to differ entirely from the therapeutic selection of various kinds of melody, according to the particular condition of the patient.

The use of music as a remedy may be truly said to date from the very origin of medicine. In one of his odes Pindar relates that Æsculapius himself so treated some of his patients, and the god's conduct seems to have been followed by his mortal successors. "The confidence of the ancients in the therapeutic virtues of music," says Fournier-Pescay, "was carried to a great length, and our present knowledge does not allow us to believe with Homer, Plutarch, Theophrastus, and Galen that it can cure the plague, rheumatism, or the bites of reptiles. One is also obliged to doubt the evidence of Diemerbroeck, Bonnetus, Baglivi, Kircher, Haffenreffer, and Desault concerning the cures which they attribute to music in cases of phthisis, gout, plague, hydrophobia, and bites of reptiles." If the word "reptiles" refers to the "tarantula," there is also high authority in favor of the opposite opinion. Speaking of the different means used to relieve the "tarantati," Hecker says that they were as nothing in comparison with the ir-

resistible charms of musical sound. It was customary at the beginning of the seventeenth century for whole bands of musicians to traverse Italy during the summer months, and the cure of the "tarantati" in the different towns and villages was undertaken on a grand scale. The different kinds of "tarentella" were distinguished by different names, which had reference to the moods observed in the patients. "There was one kind of tarentella which was called 'panno rosso'—a very lively, impassioned style of music, to which wild dithyrambic songs were adapted; another called 'panno verde,' which was suited to the milder excitement of the senses caused by green colors, and set to Idyllian songs of verdant fields and shady groves; a third was named 'cinque tempti'; a fourth 'moresca,' which was played to a Moorish dance; a fifth 'catena.'" The score of one of these dances, from Athanasius Kircher's "De Arte Magica," will be found in the Sydenham Society's translation of Hecker's very interesting volume.

Burton, in his Anatomy of Melancholy, has a chapter entitled "Music, a Remedy," which contains a sufficient number of quotations to serve for a treatise on the subject. Burton's opinion was most emphatic. "Besides that excellent power it hath to expel many other diseases, it is a sovereign remedy against despair and melancholy, and will drive away the devil himself." Among the curiosities of past medicine may be ranked Porta's theory of the specific property of sounds emitted through different kinds of wood. He believed that instruments made with the woods of medicinal plants produced different kinds of music, endowed with therapeutic virtues in the same diseases as those for which the woods themselves might be used. In the early days of electricity a similar idea was embodied in the Italian method of "intonnacature," which consisted of the application of sparks to the body through a tube containing any medicinal agent which might be indicated, and which was supposed to "dynamize" the spark with its special force. Quite recently the properties of different kinds of woods have been again discovered by a Paris physician, who has enriched science with xylotherapy, and there is good reason to believe that the same enlightened capital will soon give the world a new electrical method which will be uncommonly like its Italian predecessor. Fournier-Pescay, who contributed the article "Musique" to the "Dictionnaire des Sciences Médicales," relates a number of cases benefited by the use of this agent, which can not possibly be controverted. Among these are several which are worthy of mention. His own child was relieved of "constant pain" and insomnia by the sound of the flute, which was recommended, by the way, by Pliny, for the cure of sciatica. Vocalization in a minor key was afterward substituted with good effect. Dodart (says the author) relates the case of a musician who was cured of a violent fever by the pleasure he experienced at hearing a concert in his room. Bourdois de la Mothe prescribed music as a last resource under the following circumstances: A young lady was dying on the eighteenth day of a severe fever. The pulse was vermicular, the *facies* Hippocratic, and the extremities icy cold. Upon leaving the room, Burdois caught sight of a harp, and it occurred to him to make the experiment. The husband's scruples gave way to the hope of saving his wife, and an excellent harpist was fortunately at hand. For thirty long minutes no change was observed, but ten minutes later the breathing improved, becoming deeper and quicker. The musician redoubled her ef-

forts. A warm glow was diffused through the cold limbs, the pulse became more full and regular, and an epistaxis to the amount of eight ounces occurred, after which the patient recovered her speech. A few days later she was convalescent.

Dessessarts, in a work published in 1811, relates similar cases, though of lesser gravity. It would be easy to fill pages with anecdotes of the effects produced upon individuals by the sound of music. Boyle speaks of a Gascon knight who was unable to hold his water when a certain instrument was played; and the same thing has been recorded of others. But the most remarkable observation, from a medical point of view, is related by Hallé, and quoted by Fournier-Pescay in the article already mentioned. A very sensible woman and an excellent musician, could never hear her pupils play a certain piece, arranged for the piano and several harps, "without experiencing a uterine evacuation resembling the menstrual discharge."

Those who may wish to pursue the subject further will find plenty of information in the authors whom I have quoted, and particularly in Fournier-Pescay. There is an interesting account of the emotional effects produced in two elephants by different kinds of music, played as an experiment in their hearing, before a number of scientific men, at the Paris Jarden des Plantes; and, besides a mass of erudition and anecdote, there are also a number of clear directions as to the choice of suitable melodies for particular cases.

Electricity in Lead Colic.—A case of lead colic treated with electricity; there was obstinate constipation. Large doses of ordinary purgatives had been given without effect; these were followed with a mixture of castor oil and croton oil, which did not produce the desired effect, but finally brought on vomiting. Enemata were prescribed, but these also to no purpose. A faradic battery was then obtained; the negative pole, armed with an electrode consisting of an insulated copper wire terminating in a copper ball, was introduced as far as possible into the rectum. The positive pole was then placed upon the abdomen, and a strong current was allowed to pass for eight or ten minutes. When the current was broken, the colicky pains had ceased. In ten or fifteen minutes a copious evacuation of the bowels occurred, followed by amelioration of all the symptoms and by recovery.—*New York Medical Journal*.

Poisoning by Chlorate of Potash.—The *Marseilles Médical* relates a case of poisoning by chlorate of potash. An elderly man took, in mistake for Ep-som salts, thirty-five grams of chlorate of potash. Death, which followed in seven hours after the ingestion of the salt, was preceded by the following symptoms: Vomiting, colic, and diarrhea, general weakness and rigidity of the limbs. After death the skin of the dorsal and lumbar regions presented a slate-colored appearance.

The Simplicity of Chemistry—Number of Chemical Compounds Possible.—The eminent chemist, Bertholet, after making a calculation of the number of compounds derivable from certain alcohols, says, "If you give each compound a name, and then print one hundred lines on a page, and make volumes of one thousand pages, and place one million volumes in a library, you will want fourteen thousand libraries to complete your catalogue."

Case of Scarlet Fever Treated with Salicylic Acid—Speedy Recovery—Salicylic Acid also Used as a Prophylactic.—We take this interesting report from the *Med. Press and Circular*:

On the 10th of June I was called to see one of the boys at a school who was suffering from "sore throat." The throat and tongue at once suggested scarlet fever; but not having a thermometer with me, and the lad H. A., aged eleven, appearing in such good general health and spirits, I was in some doubt as to the diagnosis. The patient had to leave church four days since with a severe attack of epistaxis. Can not recollect any "shivering fits." Bowels constipated. Pulse 88, not very full. Ordered a swallowing gargle of hydrochloric acid and chlorate of potash, and promised to call again. In the evening I called, and found the patient in bed, the tonsils enlarged, with some patches of thick, adherent, yellow mucus, marked "strawberry" tongue, pulse 100, quick, regular, and rather small. Respirations normal. No coryza. Temperature, 99.2° F. A diffused red blush of a lobster color visible all over the body, especially buttocks, and mingled with cutis anserina. Urine very copious and pale. The patient was in excellent spirits, without pain except a little tenderness at the throat. Appetite fair.

I remembered the remarks of Mr. Pownall and Dr. P. C. Barker on salicylic acid—both as a remedy and prophylactic in scarlet fever (quoted in last volume of Braithwaite's *Retrospect*), and determined to try it in both capacities. I therefore prescribed a draught of sulphate of soda, to be followed by \mathcal{R} Acid. salicylii \mathfrak{z} ss, glycerin \mathfrak{z} ij- \mathfrak{z} j. 4tis horis.

Next day, 11th: Temperature mane 100.6° F. The urine still *pale and free*. Pulse 120, quick, but small and rather hard. Appetite and spirits good. A rigor last night. Light nourishing food, as much as he feels inclined to take. Patient was isolated yesterday. Bowls of Condy's and carbolic acid placed about the room. Rash very marked. In the evening patient says he feels "all right." Bowels have acted three times. Urine still very copious and pale. Rash fainter. Throat somewhat less inflamed. Voice less hoarse. Pulse 108, quick and small. Temperature 102.6° F. Breath very fetid. The urine shows rather a deficiency of phosphates, no albumen, and abundance of chlorides.

June 12th: The patient improved. The eruption discrete. Tonsils slightly *ulcerated*. Temperature 100.4° F. Tongue cleaner, eruption paler, pulse 88, soft and regular. Patient complains of itching, but is in excellent spirits, enjoys his food, has copious pale urine, and says he feels "all right."

June 13th: Temperature 101.4° F. Pulse 92, of fair force and elasticity. Respiration 23. A few herpetic vesicles on face. Eruption pale. Throat much less inflamed, no dysphagia. Mucous patches almost gone, but right tonsil nearly reaches middle line. No swelling of cervical glands. Has had a headache, which is now gone. Tongue is cleaning from sides and tip. Desquamation? Urine still very pale and copious, and normal microscopically and chemically. At night, much improved. Temperature 99.4° F. Pulse 88, full, firm, and regular. Tongue cleaned right up to base. Tonsils less red and inflamed, and swelling slightly subsided. Mucous patches disappeared. The eruption has almost entirely gone.

June 14th: Temperature 99.8° F. Rather restless night. Commencing desquamation. Marked injec-

tion of conjunctiva in parts. Pulse 84, of fair force. Throat almost well. Eruption gone.

June 16th: Patient up today. Convalescence is fairly established.

June 19th: Desquamation taking place rapidly. Dressed with carbolized oil.

June 20th: Tested urine. Nothing abnormal but odor which resembles that of diabetes. No sugar.

June 23d: Patient down stairs and out today. Desquamation more marked. He went away a few days after to a farm-house, where he continued to improve, and has now—July 22d—shown himself in better health than for a long time back.

From the commencement of the attack every inmate of the house took each morning one dram of glycerin of salicylic acid containing one grain of the acid. Though I saw three of the boys together in the first instance with sore throats of a similar character, there was no other case in the house.

I had some hesitation at first about my diagnosis, when I considered the following points: Patient's apparent health and good spirits, copious and pale urine, no implication of glands, and general absence of constitutional disturbance, also absence of known infection. On the other hand, there was the "lobster" eruption, "strawberry" tongue, slight fever, sore throat, and mucous patches.

Rötheln occurred to me, but I dismissed it on the following grounds: There was no coryza; eruption was most marked on *buttocks*; there was *none at all on the face*; it was also at first diffused, and not *patchy*, as commonly happens in rötheln. Also the firm, adherent *plaques muqueuses*, which are, I believe, very characteristic of scarlet fever when associated with other symptoms. Moreover, Dr. Fyfe saw the patient with me on the 12th, and concurred in the diagnosis.

Cancer of the Rectum.—From an analysis of one hundred and forty cases Dr. Charles B. Kelsey, in the New York Medical Journal, draws the following conclusions:

1. The fatal results which have thus far been recorded as following this operation nearly all occurred in cases where, from the extent of the disease, such a result was not improbable.

2. When the disease reaches above three inches, or involves neighboring parts to such an extent as to render its entire removal without injury to the peritoneum questionable, the operation is contra-indicated.

3. Although there have been a few cases of cure, such a result is so rare as not to justify the exposure of the patient to the risk of immediate death which attends the attempt to remove extensive cancerous disease.

4. The operation is chiefly valuable as a palliative measure, and as such it is applicable to cases where the disease has not made extensive progress.

5. As a palliative measure in proper cases, it compares favorably with the results of lumbar colotomy, both in prolonging life and in relieving pain.

6. The operation is not followed by an annoying incontinence of feces, except in a small proportion of cases.

7. The operation is not a substitute for lumbar colotomy in cases where the disease has reached more than three inches from the anus.

8. There is no proof that the operative interference shortens life by hastening the progress of the disease.

On the Prevention of Laceration of the Female Perineum.—Alex. Duke, M.K.Q.C.P.I., in the Medical Press and Circular, November 24th:

The best authorities are, I think, agreed that it is not advisable to support the perineum when that important structure is distended by the passage of the fetal head, and the reason is sometimes given that the support is so seldom properly applied that it is better left undone.

However, as it is a most deplorable accident to happen to any female, not only on account of the additional danger to the patient from septic absorption, the additional anxiety and trouble it gives to both nurse and doctor, and the train of subsequent evils which it frequently sets up, I consider it a subject worth saying a few words about, if only to draw out the opinions of older and wiser heads as to the advisability of adopting some preventive treatment instead of as a rule interfering at the wrong time with the calamitous results we so often witness.

The best preventive treatment of laceration which I have found (and which I dare not claim as original, as I presume it has been tried before, but which I see no mention of in the text-books of midwifery) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bed, and having lubricated my left thumb or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain draw back the perineum firmly but gently toward the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perineum with very slight effort. I thus tire out the muscular structures and produce sufficient relaxation for the head to pass. In most cases so treated the perineum is in no danger, but when the pubic arch is narrow, I take the additional precaution to foment the parts, and use an inunction of lard, and also allow the head while passing through the valve to glide over my lubricating fingers, using them as a shoe-horn, so to speak, while I direct the head forward by pressure with my left hand below the coccyx or a finger in the rectum.

It has always seemed anomalous to me that the perineum should be expected to dilate on such a short notice, namely, the "process of extension," while (dilatation of) the os and cervix occupy such a considerable time, even with the additional help of Nature's hydrostatic dilator, viz. the bag of waters.

The drawing back of the perineum produces no additional pain, as it is done during a uterine contraction, and I feel sure if nurses were educated as to proper way of dilating the perineum previous to its distension with the fetal head, we should see less and hear less of lacerated perineum.

Use of nitro-glycerin in acute and chronic Bright's disease and in the vascular tension of the aged is highly commended by A. W. Mayo Robson, F.R.C.S., in the British Medical Journal, November 20th. He says, "During the last year I have tried the above remedy with great benefit in a number of cases of chronic Bright's disease. A one-per-cent solution in drop doses every half hour till it gave relief or its physiological symptoms were produced, and then a drop or more thrice daily is the method of use recommended. It has been used in asthma, vertigo, and various spasmodic affections with benefit. It acts, the theory is, by relief of blood tension."

Pilocarpin: its General Effects and its Action in Syphilis.—Dr. Lewin, of La Charité Hospital, Berlin, has been experimenting on the action of pilocarpin upon the salivary and sudoriparous glands (Med. Press and Circular). In the course of three years and a half he has treated thirty-two patients affected with different forms of syphilide by subcutaneous injection of pilocarpin. Seventy-eight per cent of the patients were cured. Of seven cases two were of serious form, and had resisted energetic mercurial treatment; the cure was incomplete, and it was necessary to have recourse to injections of corrosive sublimate to complete it. In five other cases the treatment had to be suspended on account of intercurrent complications (endocarditis, hemoptysis, collapse).

The patients who were cured by the aid of pilocarpin showed large condylomata, various exanthemata, pharyngeal lesions, one a gummatous periostitis, and one ulcer of the leg.

The mean duration of the treatment was eighty-four days. The dose injected each time was usually fifteen milligrams. The cure would be shorter if patients would have daily injections, but as soon as amendment of the symptoms begin they require less and less frequent applications of the remedy.

Pilocarpin seems to prevent relapses with greater surety than mercury or vegetable depuratives. But in respect to facility of application, certainty of result, and rapidity of cure this medication is inferior to injections of corrosive sublimate, and often leaves behind it extreme sensibility to the influences of temperature, which obliges patients after the cure to keep their room for some time for fear of arthritic and rheumatic troubles.

According to the experience of Lewin and others, pilocarpin and its salts act especially on the salivary and sudoriparous glands. The symptoms which its use may cause, and which may oblige us to suspend the treatment are, nausea, vomiting, cephalalgia, and cramps, trembling of the hands, swelling of the submaxillary glands, weakness, loss of sleep, erysipelas of the face, and stomatitis.

The Kneeling Posture in Parturition.—Dr. Boardman Reed, in the Med. and Surg. Reporter, advocates the excellence of this posture in labor. He says:

I have become convinced of the peculiar efficiency, in many cases, of the kneeling posture. It may not be *secundum artem*, but it is *secundum naturam*, and may even be claimed to be scientific. When a woman lies on her side, the parturient forces must not only overcome the resistance offered by the rigidity and resiliency of the structures through which the fetus must pass, but to some extent overcome also the force of gravity represented by the weight of the fetus. When she is upon her knees, with her body nearly upright, this force of gravity directly assists the expulsive powers, acting thus as a *vis a fronte*.

Manifestly it may make quite a difference in the duration of labor, whether a twelve-pound child has to be partly lifted upward as well as forced outward, or brings its weight to bear as an auxiliary expulsive force.

I not only permit women to kneel when they prefer to do so, but often advise the kneeling posture to be temporarily assumed, either on the bed or by its side, when the head is arrested by faulty presentation

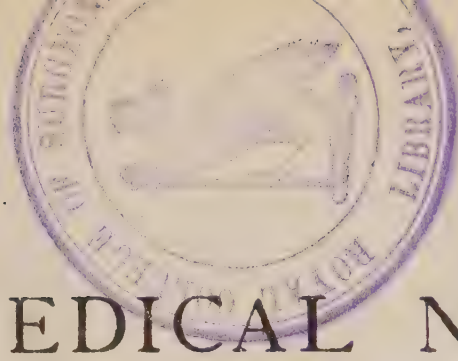
or failure to rotate. Often the change to this position has so modified the presentation, stimulated contractions and facilitated descent—then truly a descent—that the necessity of instrumental interference has been obviated.

The women who adopt it usually wear a loose gown while kneeling, and keep a vessel underneath to catch all discharges. When the placenta comes, it is deposited in this same receptacle, and the new mother—her clothes having been changed—is placed in a perfectly clean and dry bed.

Alcohol in Medical Practice.—Dr. T. J. Ridge, the Honorable Secretary of the British Medical Temperance Association, has republished, in cheap pamphlet form, a paper which he read at a conference at Bristol in October last, in which he deals with the question, "What are medical men to say about alcoholic beverages?" (Medical Press and Circular). He endeavors to prove that these should be prohibited by medical practitioners, and employs the statistical method largely to that end. Without entirely following Dr. Ridge in all that his deductions lead to, we are prepared to grant that he has very much evidence upon the side he supports; and further, that an altogether unjustifiable amount of indiscriminate stimulant-ordering is indulged in by physicians. It is difficult, however, to progress from this to absolute deprivation in all cases, and it may be doubted possibly whether Dr. Ridge, and those who go with him, are wholly correct in the inferences they draw from the facts of physio-chemistry they so frequently quote. We are, notwithstanding, glad to see the clear and admirably suggestive address of Dr. R. in the form we have received it, and feel sure that its widespread perusal will be of service.

Menthol.—This new antiseptic and antineuralgic is stearoptene of peppermint oil, or menthol, a crystalline solid derived from the oil of the mentha piperita. It is not soluble in water, but dissolves readily in alcohol, ether, or glycerin. A one-to-twenty solution may be obtained by adding one grain of menthol to six minims of alcohol with fourteen minims of water. Its antiseptic action resembles that of thymol; in the strength of one to five hundred it will prevent the development of bacteria and kill those already in existence. Its antineuralgic action is obtained by painting it in solution (one grain of menthol in ten minims of alcohol) over the painful point. The author (McDonald) considers that menthol is the active antiseptic and antineuralgic principle of oil of peppermint.—*New York Medical Journal*.

Charcoal in Infantile Diarrhea.—M. Jules Guérin (Med. Press and Circular) recommends charcoal in the treatment of infantile diarrhea. The affinity, he says, he sought to establish between the choleraform diarrhea of children and adults, led him to apply to the children the same treatment he had used so successfully with adults. M. Guérin orders the charcoal (wood) to be put into the feeding-bottle, half a teaspoonful suffices at the time, and where the child takes the breast, in a little milk, sweetened—a teaspoonful to be given frequently during the day. After the first day the evacuations change in consistence and odor, from green they become a blackish yellow. From this treatment, M. Guérin has seen children who were wasted by seven or eight days' obstinate diarrhea recover their usual healthy expression in three days.



LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE OWNERSHIP OF PRESCRIPTIONS.

Dr. Gerrish, of Maine, has lately discovered the important point as to who owns the prescription of the physician after it once leaves him, and has published his conclusions in a recent number of the Boston Medical Journal. As the matter is one which has not come before the law, and therefore there were no precedents to build a decision on, Dr. Gerrish is forced to determine the matter on the grounds of pure reason.

Three persons may presumably set up a claim to the prescription—the doctor, the patient, and the druggist. Dr. Gerrish speedily disposes of the first claimant, and declares that the physician has parted with his writing and with his advice for a consideration, and has "no further control over the recommendation about the medicine than he has over any other part of his counsel. And as to the patient, so long as he chooses to keep his writing, well and good; no one will dispute his ownership in the matter; but when he has presented it to the druggist for preparation then he has given it up." He can not demand it back from him of spatulas. He may request a copy, but not the original. Dr. Gerrish well says that the prudent apothecary will of course, if the drug be dangerous, retain his written authority for compounding it; and that the principle is true in every case, whether the drug be dangerous or not, "as at what point in the list of the materia medica is the druggist to be stopped?"

But being the property of the druggist, and a guarantee of his authority, has he such complete control over it that he may reproduce it at will? Can he refill it without order to the patient who first received it; and above all, can he dispense it *ad libitum* to whomsoever may ask for it? Legally the apothecary, so long as he does no harm, or is not constrained by local statute, may do as he pleases in the matter—just as he may and does at times prescribe over his counter—for this is the same thing. And here we come to the best part of Dr. Gerrish's paper, and we quote it entire:

Wretched as this condition of affairs is, I believe we have ourselves to blame for it to a large extent. When we desire a patient to have more of the medicine he has been taking, how almost universally is it the custom to tell him to take the bottle to the apothecary and get it refilled! If instead of doing this we would always write an order on the apothecary for a repetition, and request all the apothecaries in our neighborhood never to refill a prescription without written permission from us, the greater part of the trouble would cease at once. We should thus regularly discourage the idea which the people so generally entertain, and which is so injurious to them in its effects, that they are competent to judge when it is desirable to renew the medicine which has been prescribed. We should thus impress them with the idea that we consider the administration of medicine too serious and important a matter to be intrusted to untrained, uneducated hands. But unless we adopt this course our complaints of counter-prescribing and patent-medicine vending will be unavailing, and will meet with contemptuous indifference.

I believe that by concerted action physicians may accomplish a speedy reform. Like every thing else worth having, however, it can be got only through the most persistent work and care. To start the movement I would offer the following practical suggestions:

1. That we, as individuals and as a body which

includes a large majority of the reputable practitioners of this county, agree to give specific directions to the apothecary in every case wherein we desire to have a prescription refilled.

2. That we give the apothecaries of the county notice of our agreement, and earnestly request them to refrain from refilling, without the permission of the prescriber, any prescription which hitherto has been, or in the future may be, given by any of us.

3. That we withdraw our patronage from any and all apothecaries who shall wantonly violate our expressed wishes in this matter.

PERSONAL.

With this issue of the LOUISVILLE MEDICAL NEWS the writer's editorial connection with it ceases. For three years past he has labored to the best of his ability, in connection with Prof. Cowling, to maintain the NEWS in a way worthy of the exceptionally liberal praise and patronage it has enjoyed from its beginning, five years ago. It has been the aim of its editors to make it eminently a practitioner's journal, and to present to its readers the latest and most valuable information in the most concise, conspicuous, and attractive form. The journal's steady increase in prosperity may be accepted, it is believed, as evidence that in the estimation of its friends it has not deteriorated in its contents or conduct.

The writer's three years of editorship have been profitable in many ways and have been the source of much pleasure. The labor is given up with great regret and only because other work, which can not be put aside, compels the relinquishment. The writer's friend and colleague, Prof. Cowling, whose brilliant career in medical journalism has given him a national reputation, now becomes sole editor of the NEWS, and under his administration its success is assured.

With cordial thanks to editorial brethren and to the contributors, subscribers, publishers, and printers of the NEWS for their many courtesies and kindnesses, and wishing a merry Christmas to all, the writer remains,

Very truly, etc.,

LUNSFORD P. YANDELL.

Original.

THE IMPOSSIBLE IN MEDICINE.

BY WILLARD H. MORSE, M. D.

PART II.

Included among the neuroses is the affection commonly known as *hydrophobia*, and technically as *rabies canina*. It is a disease that medicines can not touch, and in one malady can better illustrate what we mean by the impossible of the unknown. On the lips of the profession and the laity it is an incurable disease. We can not cure it. The treatment is neither for cure nor alleviation, but prophylactic. Prevention is the soul of preservation. The disease having generated, all that we can do is to mitigate the sufferings. This is not always possible, however. We can employ psychic treatment; we can "Minister to a mind diseased." A popular medical authority says, "Every thing tending to allay his (the patient's) fears, and contribute to his happiness, is justifiable under such trying circumstances." All causes of mental and physical disturbance are to be removed. It is questionable if it be not just to exclude from the sick-room all measures of supporting treatment, for why should we seek to prolong the suffering? We shoot the poor dog, but we leave his human brother to die the horrible death. Liquids excite the laryngismal spasm, and must be vigorously excluded from the sufferer's sight. No allusion must be made to the nature of the malady in his hearing. To temporize is pardonable, and every means to afford comfort and consolation should be employed. Of the rational prophylaxis of excision and cauterization it is hardly necessary to speak save to urge that it be done immediately. Amputation of a limb is better than that the poison should be suffered to enter the system. The use of opium to allay the pain has been recommended by many, and as often deprecated. Such treatment as is common in neural disorders is useless. Chloral and the bromides have been tried in vain. In therapeutics we are lost, but not irrecoverably. Even as nitrate of silver neutralized the local poison in cauterization, so there is doubtless some chemical power that will neutralize the constitutional poison. There lies hidden a cure for hydrophobia, and if ever a disease deserved especial study it is this one. The cure may be empirical, but it will be a cure nevertheless. Happy will be that physician of another

er century who can point to a man in full vigor of health and say, "He once had hydrophobia, and I cured him."

A disease not altogether understood, and yet not obscure, is that form of blood-poisoning known as *uremia*. Some authors contend that uremia is but a symptom, yet we can but reckon it a special morbid affection. It involves a determinate blood-change—is nothing else. The effete matter of the tissues accumulates in the blood as urea, and acts as a toxic agent upon the nervous system. The manner of its action is analogous to that of other poisons. Hammond thinks it acts directly as urea, but such an observer as Prof. Frerichs claims that it only gains toxic power after a conversion into carbonate of ammonia. As a natural sequence uremia develops an inflammation, and, according to Flint, more especially serous inflammations. Now, as to the treatment of this disease: A patient affected with albuminuria, typhoid fever, scarlatina, or other disease, has manifest symptoms of uremia. It is a genuine case of poisoning, a toxemia. Shall we treat it as we do poisoning in general? We would do so, but we can not. Emesis is as though it was past, for it could never have been employed. Already the poison is mixed with the blood. If in a like case the patient was poisoned, we will say with nitrate of baryta, we would give sodium phosphate to counteract the effects of the baryta salt; but now no such result can be hoped for. We recognize the intrinsic source of the poison and the very first measure of treatment is not to antidote the toxic power, but if possible to effect the excretion of the urea by the kidneys. Should this prove inoperative or inadequate we endeavor by hydragogues and endorifics to provoke vicarious elimination. Sometimes it is necessary to combine the two measures. What would seem the one rational therapeutical indication is not in our power. We can not neutralize the toxical properties of urea in the blood, and we can not protect the system from its effects. In these two conditions is the impossible constituted. Latterly some observers have stated that we may diminish the poisonous effects by such active agents as elaterium or bitartrate of potassa. We are treating not the disease itself, but its effects. If uremia once gets a hold on the system there are no remedies to check its progress. How notably is this illustrated in that disease that has uremia for its chief symptom, and which is known by experience and in theory to us all! I allude to Bright's

disease. The prognosis could not be worse. The object to be hoped for in treatment is to arrest the progress of the disease. If you fail in this you fail in treatment altogether. Is there a physician who would care to take a case after there has been a large amount of damage, and try to conduct it to a favorable termination? We would undergo the risk of incurring ridicule if we were to call chronic albuminuria an incurable disease, and yet no physician has the temerity to promise a cure in advanced Bright's disease. In this connection a question suggests itself. May there not be such a thing as an accumulation of albumen from the urine in the blood, and, bonded with uremia, may this not add to the difficulty in treatment?

Were the diseases animate, and were they to contend among themselves for supremacy, the crown would be worn by *carcinoma*, as having the honor of being the most deadly of diseases, the one that most certainly destroys life. Both surgery and medicine *per se* have tried their hands on this dread disease, and have been forced to admit their weakness. Surgery has in this one consequence fallen from her exalted estate. It was in the years of another century that Dionis wrote, "We may not only rank chirurgy with the sciences, but look upon it as one of the noblest, most certain, and necessary of them all." These words have been worn in the diadem of the science, but no longer can surgery be called certain when it can not affect carcinoma. And yet we may brighten the hour of the science by admitting that if the sister science will once remove the constitutional diathesis the knife of the surgeon will remove the disease. Why has the cure been impossible? I find a reason in the words of Gross, who says, "The exciting causes of the disease are not understood." Chemistry is to pierce the mountain. That science which has given us facts in regard to the composition of the several varieties of carcinoma waits its hour to show the influence of the surrounding agent. Pathology has done its duty, and now the work is in the master hand of chemistry. I can but believe that no disease enjoys a more peculiar blood-change than does carcinoma. This is because the pain is peculiar. Must it not indeed be a great change that shall cause the sharp, electric pain of *scirrhus*? That intensity of suffering has a cause that our eyes may never see, but which our hearts have felt and feel. The talent of chemistry may well work long, but it *will* solve the problem of etiology. I have thought that

perhaps the presence of osmazome in encephaloid may be the factor that shall in the end show the blood-change. My knowledge of chemistry alone enables me to say that this obscure principle may be the residence of the spirit of the disease. My reasons for exalting such an obscure principle may be asked. Briefly, I can say that the demonstration has been made. If osmazome stands causative of encephaloid, pigment deposit may actually cause *melanosis*. It may indeed be true that cancer is of local origin, but who will deny that a constitutional taint is underlaid? It is useless to speak of treatment without recognizing a cause. All internal "remedies" have miserably failed to arrest the disease or modify its action. A cure of cancer has never been performed. In the words of a great surgeon, "The science of the nineteenth century must confess, with shame and confusion, its utter inability to offer even any rational suggestions for relief." If one of the lights of surgery, who for fifty years has worked to find a cure, says these words, what use is there to look further? But because he and others have failed is no reason why you and I should.

It may in this connection be seriously asked if we are to depend on internal remedies altogether. It is not possible to answer; but although *cure* is impossible, alleviation by treatment is not. We are reduced to the necessity of directing all of our measures to avoid and eradicate sources of local irritation and of constitutional disturbance. Diet and sleep and rest are our measures of hygiene. Anodynes, poultices, and caustics are the measures of the *materia medica* at our command. Electrolysis has not done any thing that can be counted to advantage. Compression and caustics have fallen into disrepute. Extirpation can not be relied on, although it affords temporary relief. To interfere with the knife is with many a *dernier ressort*, but it hurries on the fatal end. We all know the reproductive tendency of the malady. The malignant characters are so marked that cancer will invariably recur. All medical men, from Hippocrates to the humblest member of the medical profession, admit that hitherto no means have affected a cure of carcinoma. Shall we sit down and hold our hands and mournfully say, "If Bell and Cooper and Gross could not cure cancer, we can not"? Shall we sit in the seat of our fathers and pursue their means of treatment, or shall we resort to experiment? Thrice we utter an emphatic "no." Some

one will yet cure cancer. That time will come when we find the cause and know the means to meet the cause. Shall we be content to let our children get the honor, or shall we get it and transmit it to them for perfection?

Although the contrary has been published by such an observer as Bandelocque, and although many obstetricians confirm the statement of the French accoucheur, few go so far as to pronounce *eclampsia* an incurable disease. There was indeed a time when it was so considered, and even now the physician has reason to dread this disease. Perhaps I should not mention it in so close connection with carcinoma, but I wish to draw attention to the fact that in many senses it is as formidable a malady as is carcinoma. It is true that some of the worst cases of eclampsia are cured, but we can appreciate the conclusion of Madame Lachapelle, who states that one half of the women so affected will certainly die. So subtle is the disease that we dread it for its subtlety. The woman is confined; there are no untoward symptoms; all seems auspicious, when suddenly convulsions set in, and death is the early issue. It was discovered a few years since that in cases of eclampsia the urine was charged with albumen. At once a great weight was lifted. It was demonstrated that those medicines applicable to albuminuria would effect wonders, but still cases were lost. We have more recently found that it is necessary to combine anti-convulsives and general treatment with measures to touch the albuminuria. The day seems near when not a case will be lost, and in eclampsia we have a disease demonstrating our proposition that a knowledge of the intimate blood-change will determine a remedy. Thus this disease is destined to be no longer an incurable one.

Fatty degeneration of the heart is incurable. But not for the reason that most other diseases are is it so. The disease consists in a change of tissue, and that change will go on unto continuance. The objects of treatment are to prevent the progress of the degeneration, and to bring into force the vigor of the heart. Diet, stimulants, exercise, and tonics fill the indications. Life and a fair degree of health may be maintained for years, but at an unlooked-for moment death takes place from a rupture of the weakened ventricular walls.

Scleroma, an extremely rare disease, has never been cured. Essentially allied to the paralyses, and seeming to indicate analeptic

treatment, yet grave complications and increase of primary force effectually combat all measures of treatment. Related closely is the malady known as *myo-sclerotic paralysis*, and like its congener it is in most cases incurable. Equally as formidable is that disease, too well known in our day, which we term *cerebro-spinal meningitis*. Testimony as to the value of some of our best medicines is discrepant. All the way from opium to mercury has been gone over, and *cui bono?* Much space in our text-books is devoted to this disease, but more experience with it is needed before we can name a specific. In the same breath with this lesion we may speak of *locomotor ataxia*. It may be relieved, and our hope is in staying its progress, but there is no special plan of medication that may be said to be established. *Progressive muscular atrophy* is another minor disease from which a very few, if any, cases recover. Death is slow in coming, and comes no matter what our treatment. Duchenne has lately recommended the induced electrical current, but experience with it is limited. I call attention to the fact, as demonstrated successfully by Dr. Hammond, that the causation of these allied diseases is obscure. Many suppositions have been advanced, but when such an authority as the surgeon-general above named declares that he has found no cause other than theory represents, we are lost in our researches. In an address lately delivered before the Baltimore Medical Society, Dr. George M. Beard, eminent as a student of nervous diseases, discourses learnedly on some of these affections little understood, ever formidable.

I have by no means exhausted the repertory that lays at our hand as students of medicine, but I think that I have gone far enough to demonstrate the diseases that are strictly incurable. I do not like to say that a disease is incurable, but we can not do otherwise than recognize the impossible as it exists in the unknown. I doubt the feasibility of standing at either extreme. No one can say absolutely that a disease is without the power of a remedy, but as every member of the profession knows, it often *seems* so. A few words in regard to the "impossible of the known," and we are done.

We can not better illustrate what we mean by the "impossible of the known" than to speak of *yellow fever*. It is not an incurable disease, and yet when it has progressed to a certain degree it is irremediable. What is indeed very singular is that at times certain medicines have an almost specific pow-

er, while at other times they are powerless. Speaking of two such medicines, Nathan Mayer says that sometimes one, sometimes the other, and again both must be employed. These two remedies are calomel and quinine. Of calomel, Dr. Fowler says, "No pure case of yellow fever will tolerate it. It regulates no function, relieves no symptom." A prominent physician of New Orleans reports success with ten-grain doses of calomel. Dr. Flint strongly deprecates its use. Dr. Belot, of Havana, is understood to use it freely. It will be seen that the remedy is not fixed. DaCosta states the percentage of deaths to be from .10 to .75, and LaRoche calculates it at one in 2.32. At any rate the progress is unfavorable. It is a dread disease to contend with. It has been called a "necessarily fatal disease," and in a large proportion of cases this is so. The blood-changes are extensive, and we may strictly say are unknown. That urea is present in the blood is undoubted; but that is not all. There enters the system a certain specific poison that naturally acts on and changes the blood. But admitting this, we are as ignorant as ever of the nature of the specific cause. As demonstrated on a preceding page, if we know the cause we can the better find a remedy for the neutralization of the cause. We do not know it, consequently we can not choose an agent to combat it, and all of our efforts must be tentative. The old germ theory has been overthrown, and in the language of Schmidt we recognize a poison that is "a product of the diseased human organism itself." The poison is gaseous, and as in the case of septicemia it increases in intensity with each individual through whom it passes. It is ignorance alone speaks of "zymotic" causation. That there is a material blood-change is proved by the black vomit, which as Stillé has shown is due to a blood-disorganization. Of remedial agents it is not safe to speak. Hartshorne wrote ten years ago, "No specific has yet been found for yellow fever and an abortive treatment." Later researches have not changed this verdict in the least. We can palliate and we can conduct it through its stages as we do typhoid and the exanthemata, but take in hand early or late we can not *cure* a single case. From Matthew Carey to the latest medical journalist, remedy after remedy has been suggested, tried, and failed. It is scarcely the province of the physicians of the North to attempt to combat the disease. Indigenous as it is to the South, I am fain to hope that

some one of our southern brethren will yet succeed in curing yellow fever. It remains for some southron to render his name famous, and the day of that fame approaches.

The compliments of the profession have been paid to *pulmonary tuberculosis*. It was once a by-word that it could not be cured, but no disease is approached with more trust today. It has always seemed to the physician that it is a mysterious disease, but mystery veils mystery when we consider that in its earliest stages the disease is curable, but when far advanced no power on earth can stay it. Why a person should have the disease is inconceivable, but it is far beyond comprehension why, at a certain age, the development of the disease should have hereditary transmission. The object of treatment is the removal of the tuberculous cachexia, but there are no special remedies that will accomplish that end. It is true that important indications may be filled medicinally and hygienically, but there is no specific at our hand. We do arrest the development of tubercle; we remove the formation, we invigorate the system, we dismiss our patient cured; but the cachexia lingers yet, and some imprudence all at once acts on the weak spot, and there is a bursting forth of flame and fire. Are we ever to have the strength to destroy this cachexia? I dare not try to answer. We have so much work to do that I fear that the day of victory is far away. Strangely is it written in our experience that that form of tuberculosis distinguished as acute is incurable. Why it differs from its mother disease I can not see. The patient is in a hopeless state. We have real study to do when we look upon pulmonary tuberculosis, and the study is the ground for work, hard work.

Asiatic cholera claims attention in a consideration of the "impossible of the known." The great Aitken in England, and the equally eminent Hallier, of Jena, submit the doctrine that this disease is caused by the introduction into the body of certain cryptogamic germs. Facts do not appear to demonstrate this doctrine, but it is most consistent with what we really know of the disease. There is a special cause due to a special change in the life-fluid. Flint justly says that cause is *essential*, but is it resident in the atmosphere solely or in the blood? If I mistake not, Sir Thomas Watson somewhere remarks that "an exciting cause to be effective requires some fit recipient," and here we have the key to the ambiguity. The specific *contagium* may be *born* of the com-

mon atmosphere, but to *live* it must enter the blood. Obscurity hangs over the exciting cause, but the inception of the disease involves a certain proclivity, the nature of which, however, we have no right to inquire prior to establishing a knowledge of the minute cause. It is not my province to discuss any theory of etiology; suffice that there is no tenable one. Knowing nothing of the cause, we can name no cure. Very true it is that cholera has been often cured, but as often our remedies are powerless. There is no remedy yet known that may be considered a specific, yet there is no denying that the disease is frequently controlled by medicines. The paramount objects to serve are plain, but the physician who always cures Asiatic cholera is *non est inventus*.

Examples need not be multiplied; there is no disease but what has as its issue the radical or the impossible. I can not demonstrate this relation of the impossible as I think it should be done, and none can answer if the impossible of the known may not be made possible. The mythology of the ancients represent Atropos, god of fate, as ever standing by the running life-thread with a pair of scissors in his hand, and well may we use the fable as a figure. Fate always stands near to mock our best-directed efforts. A solitary example may be stated, and it is one of thousands. You are called to a case of diphtheria. It is not a severe case; the symptoms are not desperate; the prognosis is good; there are no complications or malignancy; you have seen and had experience with a large number of cases that have been much worse. You do not even dream of losing your patient. A favorite remedy is in your hands with which you have treated many cases successfully. Perhaps with pardonable vanity you have boasted that you never lose a case of diphtheria. You give your medicine, you try every known remedy, but your patient grows worse, and every effort to no avail; he dies. You ask yourself, Why? There was nothing especially bad about the case, but nevertheless the death is a fact. These disappointments multiply in the experience of every physician, and are possibly necessary in one sense to our welfare. I wish that we understood why such things are; I wish for our sake that the laity understood it also. It is as much a mystery as is our dealing with the self-limited diseases. That class of diseases that are self-limited may be called incurable, but is their mystery equal to the apposite? The physician has the wings of Icarus, which

serve him well until he meets the rays of the sun, when, like the son of Daedalus, he falls into the sea.

We have no elixir of eternal life. We can not ward off death always. Our skill determines life or death. The great issue of the impossible is death, and between hope and fear we watch life vibrate. Death is a fixed certainty, and nothing can stay its progress when it comes with silent power of destruction. Shall we then give all up and bow to the impossible? *Never.* There was a time when death did not come until man's age was numbered by centuries, and who will say that we can not regain to us that blessed era? I am skeptical about the impossible in disease. I believe it to be a myth, although admissibly a very tangible myth. The Present is not to be the Future, and looking down through Life's vista we can see if we will the far-off day when mortal life will melt into the immortal. By the lights of inspiration and education the physician of the present can say, *We are going on unto perfection, and the time will come when all diseases can be cured.*

Pharmaceutical.

A PERFECT SOLUTION FOR SALICYLIC ACID. Take of salicylic acid one ounce plus eight scruples, of potass. citrate two ounces, of glycerin eight ounces, of simple elixir sufficient to make up one pint. Dissolve the citrate in the glycerin by gentle heat, and then stir in the acid, maintaining the heat till all is dissolved; when cooled the elixir is to be added and the mixture strained. It will contain five grains of the acid to the fluid dram, and is miscible with water in all proportions without the separation of any of the acid.—*Amer. Jour. of Pharm.*

IMPROVED NITRATE-OF-SILVER CAUSTIC.—A report to the Moscow Surgical Society recommends as an improvement the melting together of five parts silver nitrate with one part lead nitrate, as the sticks made from this mixture do not break easily, and can be pointed like a lead pencil.—*Med. Times and Gazette.*

TAMAR INDIEN.—Dr. Bumstead, of New York, ascertained from the manufacturer in Paris that this preparation was mainly powdered senna leaves mixed with an agreeable confection.—*New Remedies.*

Miscellany.

A BITER BIT.—A peculiar poisoning case has occurred in London. A man named Stevens practices as an herbalist in White-chapel, and was applied to by a coachman for some medicine for an alleged liver complaint (*Med. Press and Circular*). The patient received a powder, for which he paid two shillings, but which, he says, nearly killed him with the first dose; and having been saved by the use of the stomach-pump, he went back to Stevens and demanded the money which he had paid. The herbalist insisted that the medicine was perfectly innocent, and to show that it was so, offered that his assistant would take a quantity of it. Despite the warnings of the coachman the assistant did so, and died shortly afterward. On examination of the contents of his stomach lobelia and aconite were found in considerable quantity.

DRIVE YOURSELF.—By the coolness and courage of his coachman, Dr. Rawdon Macnamara, of Dublin, was last week saved from an accident which might have been attended with very serious consequences (*London Lancet*). It appears that on the 20th instant Dr. Macnamara was returning home after paying his professional visits, and his horses, eager to reach their comfortable stable, got into a pace which required checking with a vigorous hand. The reins at length parted under the strain, and the animals thus freed from control, dashed along Stephen's Green at a furious rate, to the imminent danger of the occupants of the carriage. In this emergency the coachman bravely and adroitly balanced himself upon the pole of the vehicle and managed to seize the broken ends of the reins, and thus prevent an otherwise inevitable catastrophe.

THE TRICYCLE.—The Tricycle is recommended in England to country physicians instead of a horse. A clergyman writes of his tricycle: "I have traveled about eight hundred miles by this time, on pleasure trips in North Wales and latterly in Derbyshire, on my work of deputation for the Society for the Propagation of the Gospel, and have found it a great comfort and pleasure. From seven to eight miles an hour is my speed, and I can do fifty miles per day. I can ride up any hill almost. I carry my portmanteau with me, and carried my boy, aged twelve, behind me for thirty-four miles once. If I

were in a country place and wished to save a horse I should do so by keeping a tricycle. It wants no grooming, no corn, no tax, no gates. You can leave it at the door of a cottage and want no one to hold it, and, better than all, it has done my health, which was shattered abroad, more good than all the physic I have swallowed, and I cordially recommend it to both clergymen and physicians."—*Exchange*.

THIRTY-EIGHT out of ninety-five extraordinary students (foreigners) of the University of Vienna, during the past summer session, were Americans.—*Med. Press and Circular*.

[And what a vast amount of bad therapeutics they will bring home!]

HEALTH IN THE NETHERLANDS.—If we may trust the official report of the United States Consul, Flushing, in the Netherlands, would seem to offer hardly a remunerative opening for members of the medical profession. The consul states that during the months of August and September "a few people" died of ordinary ailments, but there is so little sickness that "the apothecaries are taking a general vacation in the absence of business. The military surgeon reports the same healthy condition among the troops in garrison, only seven cases of slight sickness occurring in three weeks among seven hundred and sixty men."—*British Med. Jour.*

Selections.

REMARKS ON THE TREATMENT OF ENTERIC FEVER.

[By John S. Bristowe, M.D., F.R.C.P., London.]

We extract the following from the British Medical Journal. It may be regarded as the "latest word" on the subject from the world's great medical center:

Medicine.—Enteric fever is one of the many diseases for which as yet no specific is known, and for which I am inclined to think no specific will ever be discovered. It was maintained, even a few years ago, that an emetic given early in its course would frequently arrest its progress, and my late colleague, Dr. Brinton, was a believer in this reputed effect of emetics. It has also been held that the diarrhea is salutary and eliminative, and that by promoting or encouraging it, the disease may be shortened or rendered less severe. These views were based on an imperfect appreciation of the nature of the disease; on the belief either that the intestinal affection is primary, and to be got rid of, like lice externally, or intestinal worms within, by local remedies; or that the intestinal mucous membrane is an organ by means of which the specific poison of the disease is en-

deavoring to escape. But even though the contagium of enteric fever be received into the stomach, it has long passed thence into the system before the symptoms of the disease arise; and obviously, at this time, whatever opportunity for the successful use of emetics might theoretically have been present at the beginning has long passed away. And to look on the diarrhea which is due to the enteric lesions as eliminative, is to look upon these lesions as centers of elimination, and is equivalent to regarding the eruptions of the eruptive fevers, which are mere foci for the growth of poison, as organs developed for the discharge of poison pre-existing in the blood—a view which is manifestly absurd when applied to the pustules of smallpox, or the tubercles of syphilis. But, if we can not cure enteric fever or eliminate its specific poison from the system, we can at any rate treat, and in most cases relieve, some of its most distressing symptoms or complications.

Diarrhea is one of the most characteristic, and often one of the most troublesome and dangerous, symptoms of the disease. It is often absent, however, for days together; and occasionally is replaced by constipation during the whole course of the disease. Many physicians, and some even of our most distinguished contemporaries, would encourage by laxatives the diarrhea, if not carried to excess; and would endeavor to excite it in cases attended with constipation. The practice is based on the opinion already referred to, that the poison tends to escape by the bowels, and on that that the retention of poisonous and putrefactive matters in the bowel is a source of danger. From the former of these views I have already expressed my reasons for dissenting. As to the latter, I can only say that the motions are not, I believe, specially offensive, or, except in a specific sense, poisonous; and that the bowels, after all, naturally contain ordure. But on the other hand, persistent diarrhea tends materially to weaken the patient; the commotion which attends it is a source of direct danger to the diseased bowels; and, further, diarrhea, once brought on artificially, is very often difficult to be restrained. I have no doubt myself that, although two, or even three, evacuations in the day may not call for measures of restraint, diarrhea, if it should exceed this amount as a rule, ought to be checked. Of all medicines opium, in its various preparations, is the most valuable for this purpose. It may be given by the mouth in frequent small doses, or by the rectum in the form of a small enema or suppository. The dose and frequency of administration must of course depend on the amount of diarrhea present, and on the age and condition of the patient. Other remedies, which may be employed either alone or in aid, are the vegetable astringents, especially kino, catechu, and tannic acid, sulphuric acid and lead. It is important to bear in mind that the danger of diarrhea depends not only on the actual profuse discharge of fecal matter, but on the peristaltic movements which accompany it, and which tend to cause rupture of thin-based ulcers. Now, this peristaltic movement may be present in the ileum, even when constipation prevails; for the large intestine, from being healthy or torpid, may fail to propel onward the matters which are being constantly poured into it from the small intestine; that is, diarrhea, so to speak, may be taking place from the small intestine into the large at a time when actual constipation exists. It is clear, therefore, that opium may be demanded to restrain from the painful or violent movement of the bowels, even when the bowels are constipated.

Constipation, nevertheless, has at times to be dealt with. Is it right that constipation, when present, should be allowed to continue until nature brings relief, or should it be obviated by medicinal treatment? I do not think that constipation of a few days' duration is at all likely to be injurious; and, indeed, I have seen it continue for a considerable length of time without causing any ill effects. It is not, however, desirable in itself that the bowels should be locked up; and, moreover, constipation long continued is apt to induce diarrhea. Whether we should do anything, however, and what we should do, depends largely upon the condition of the patient and on the stage of his disease. There can be no doubt that during the first week or ten days—that is, before ulceration has commenced—laxatives, such as castor oil and rhubarb, may be given with impunity, and often with benefit. But after ulceration has begun, and thence onwards until convalescence is far advanced, even the mildest opening medicines must be looked on with suspicion; and, although I would not venture to maintain that under no circumstances should castor oil or rhubarb be given during this period, I am sure that on the whole it is better and far safer to relieve the overloaded bowels by mild enemata. In support of this statement I may remind you that constipation is almost always due, not to sluggishness of the small intestine but to sluggishness of the large intestine, in which the feces accumulate and harden.

Hemorrhage from the bowels may occur early in the disease, and is then in small quantity and of no importance. When, however, it takes place from the ulcerated surfaces, and after the second week, it is a matter for serious alarm. It is true that the patient usually recovers, even though it be copious, and that very often it does not recur. But in some cases the blood escapes with sudden impetuosity, and the patient dies rapidly in a state of collapse; and in some the hemorrhage is so frequently repeated that the patient, who may seem doing well for a short time, finally sinks. I am inclined to think, with Sir W. Gull, that this bleeding is practically beyond our control; and that the patients in whom our remedies seem to be efficacious are those in whom the hemorrhage would not have recurred, even if no treatment had been adopted. It is not by applying weak astringent solutions to external bleeding wounds that hemorrhage therefrom is restrained; and few, I should think, would have any faith in the possibility of arresting such hemorrhage by the internal administration of astringents. Nevertheless, feeling it to be my duty to do everything in a dangerous crisis which might tend, however little, to benefit my patient, I should certainly under such circumstances give him ice-cold fluid to drink, apply cold compresses to the abdomen, and administer either lead, or tannic acid, or digitalis, or ergot, or turpentine, or perchloride of iron.

Perforation of the bowel and consequent peritonitis are almost invariably fatal; the only treatment, in addition to local applications to the abdomen, consists in bringing the patient speedily, and in keeping him, under the influence of opium.

High temperature (a subject to which I shall presently recur) is, no doubt, in itself an element of danger; and for this reason its reduction seems desirable. Various medicines have been employed with this object; the most important and efficacious of which are quinine and salicylic acid. In order that quinine shall reduce temperature it requires to be given in

large doses—thirty or forty grains at once, or in instalments at short intervals. Thus administered, it reduces the temperature by three or four degrees in the course of a few hours, and the temperature may remain low for a dozen hours or more. Salicylate of soda may be given in doses of twenty or thirty grains every four hours, and also causes marked reduction of temperature. But in both cases the reduction is of temporary duration only, and the drug requires to be continued. I have not employed either of these remedies largely in the treatment of enteric fever; and I must confess that my own experience of their use has not impressed me favorably. Of the treatment of other complications I do not propose to speak; and it only remains for me to add, under the head of treatment, that, during convalescence, tonics, and especially the vegetable bitters, are of great value.

Alcohol.—It is impossible to discuss the subject of the treatment of fevers without referring to the question of the use of alcohol in relation to them. In the early part of this century, when blood-letting was the fashion of the day, stimulants were seldom employed in the treatment of febrile disorders. Of late years, however, alcohol has not only been regarded by most physicians as an essential element in the treatment of fevers, but by many has been esteemed our sheet-anchor, and has been administered sometimes in appalling quantities. The reason, however, for giving it thus was not simply to obtain its stimulating effect, but the belief that it was an article of food, and that it was assimilated by the patient at a time when other kinds of food could not be taken or were inadmissible. I see no reason to doubt that alcohol is a food; at any rate it contains the same elements as starch and sugar, which are undoubted foods; and the experiments of Thudichum and Dupré show that when once taken into the system it is in some way used up in the system, and escapes in very minute proportion through the excretories. But we have, doubtless, many foods that are more valuable as foods than alcohol; and in milk, at any rate, we have one which is generally more suited for invalids. It is rarely necessary, therefore, to have recourse to alcohol as food; and its use in fevers mainly depends on its primary or stimulating—its medicinal—influence. I have never used alcohol indiscriminately in any kind of fever cases; and, indeed, ever since I have had the care of patients in St. Thomas's Hospital I have been very sparing in my use of it. In the year 1863, when typhus was prevalent in London, I carried out an experiment which I have never published, and which Dr. Murchison carried out independently and on a larger scale a few years later at the Fever Hospital, with similar results to those which I also had obtained. I treated, without selecting them, half of my typhus patients with alcohol from the beginning to the end, half of my typhus patients without alcohol also from the beginning to the end, and found no appreciable difference in the results. From that time I have never regarded alcohol as an essential item in the treatment of either typhus or enteric fever; and I have seldom given it, unless special circumstances in the case indicated to my mind the need of stimulation. Many typhoid cases, and even severe cases have recovered under my care without having tasted a drop of alcohol. Many no doubt have had it; but the circumstances under which I have given it have been: The presence of extreme debility, indicated by a feeble heart and rapid pulse; the supervention of typhoid symptoms; the occurrence of pulmonary complications, and the debility of pro-

longed convalescence. My friend Dr. Ord, in an interesting paper on Enteric Fever, in the eighth volume of the St. Thomas's Hospital Reports, based upon sixty cases (of which twenty four were my own) received into the hospital from the end of July, 1877, to the end of March, 1878, observes that "twenty-four patients received no stimulants at all; six only a small quantity during convalescence; eight not any till after the tenth day of admission; twenty two received them within the first ten days of stay in the hospital, or while the fever was in activity; but very few indeed received them till after the end of the first week of illness." "The quantity of stimulants varied from a glass of wine or a glass of beer up to sixteen ounces of wine daily in one case, and eight ounces of brandy in another." Of these cases eight were fatal, the mortality being at the rate of 13 33 per cent. The remarks above made, while they tend on the one hand to show that alcohol is less valuable than many persons suppose in the treatment of fever, tend on the other hand to demonstrate that alcohol is not injurious in fevers. Indeed, I never recollect to have seen a case in which, even under physicians who have used it largely, alcohol has clearly acted injuriously. My main reason for withholding it has not been the fear of doing mischief, but simply because I have not thought it necessary; and, not finding it necessary, I have allowed economical considerations to weigh with me. I am satisfied that there are many occasions in enteric fever when alcoholic stimulants are of the greatest value; and that whoever then neglects to have recourse to them imperils his patient's life.

Baths.—It is admitted that, in all fevers attended with high temperature, the high temperature, though merely a consequence of the active disintegration that is going on in the system, is itself injurious by promoting disintegration and in other ways. There are theoretical grounds, therefore, in favor of reducing temperature in enteric fever. With this object the patient may be kept in a cool and well-ventilated room, may be covered only lightly with bedclothes, and may have his food given to him cool or cold; and there is no doubt that these measures, which are generally adopted, are judicious; but they are quite insufficient of themselves to cause any obvious refrigeration of the body. I have already referred to the employment of quinine and salicylate of soda, and to the powerful influence they usually possess, when duly administered, in reducing temperature. The most powerful agent, however, in this respect is the cold bath. I need not here go into the history of its introduction. It is sufficient to state that for some years past it has been very largely employed abroad, especially in Germany, in the treatment of enteric fever; and that lately it has been extensively adopted among us by some of those physicians who are connected with fever-hospitals. I have already referred to the admirable Croonian Lectures on Typhoid Fever by Dr. Cayley. In the last of them he discusses with equal learning, knowledge, and skill the use of the cold bath in this disease. He quotes statistics from foreign writers, which go to show that the mortality from enteric fever has been reduced by one half among those who have been treated systematically by cold bathing; and he shows that, in his own hands, this mode of treatment has appeared to be almost equally successful. He argues forcibly that, by keeping the temperature systematically depressed from an early period of the disease, the intestinal lesions, and other morbid processes which are going on in the body concurrent-

ly with them, and which collectively bring on asthenia, impede recovery, and hasten death, are kept under; and that dangerous complications are hence less likely to ensue. He admits, however, that relapses appear to follow this kind of treatment in much larger proportion than they follow other plans of treatment; and he concludes a powerful argument by urging that the treatment by cold bathing should at any rate receive a fair trial. I am sure that any opinion or advice of Dr. Cayley's will be received with respect by all who know him, and by all who read what he writes; and I should be sorry if a course of treatment which has his sanction be not fully tried in this country by those who have the opportunity of trying it. I confess for myself, however, that I am very much in the same frame of mind as he acknowledges himself to have been in a little while ago, and not yet fully satisfied of the great advantages of cold bathing. I am not absolutely convinced by his arguments that the lesions attending enteric fever are kept in abeyance by reducing temperature. I know that, under the influence of the bath delirium disappears, and the patient's condition seems to improve for a time; but I recollect how exactly the same kind of thing used to occur in cholera patients in whom injection of fluid was made into the veins; and how that practice, once much vaunted, has practically been abandoned. And I must acknowledge that, without being able to explain them away, the statistics, honest though they doubtless are, do not satisfy me. The result, in fact, seems too good to be true. If the mortality of a disease be diminished one half by a particular kind of treatment, the benefit resulting from that treatment ought to be apparent to the most casual observer; it ought, like the effect of salicylate of soda on rheumatism, or of quinine on ague, to be utterly beyond dispute. And yet Dr. Cayley speaks with great caution of his own results. The results which I have witnessed in my own practice have not—at any rate, in my opinion—been favorable. I admit that I have not resorted to the systematic use of the cold bath at all extensively, and that during the last year or two I have scarcely employed it at all; but, two or three years ago, those of my hospital patients whose temperature ran high were submitted to this plan of treatment. Some of the patients did well, and I was inclined to attribute the improvement which followed the baths to the baths; but two cases occurred in rapid succession in which I thought, perhaps erroneously, that the baths were instrumental in causing death.

The first case was that of a young man who had the disease severely, and a very high temperature; the baths were systematically employed, with the usual immediate effects; but suddenly, after they had been continued for some days, he passed into a state of collapse, with rapid breathing and great duskiness of face, and I assumed, notwithstanding that there was no abdominal pain, that perforation of the bowel had taken place. He lived for two or three days more, and at the post mortem examination I found that, though there was extensive bowel-disease, there was neither perforation nor peritonitis, but the lungs were in a condition in which I never recollected to have seen them before in enteric fever. They were small, collapsed, almost devoid of air, and of a deep slate color. There was no pneumonia nor edema. I attributed his collapse and his death to the condition of his lungs, and I could not avoid attributing the condition of his lungs to the use of the baths. The other case was also that of a young man; and although he was very ill and had a high temperature, I de-

murred, after my recent experience, to treat him with baths. Nevertheless, I left it to the resident assistant physician to employ them if, in my absence, circumstances arose to make him think it desirable. The boy died, and at the post mortem examination his lungs were found in precisely the same condition as those in the previous case. Believing that the patient had not had baths, I observed half-jokingly to the resident physician, who was present, that if only baths had been employed I should certainly have attributed his death to them. His answer was that they had been employed.

There are two ways of cooling patients by baths: The one is by means of what is sometimes termed the graduated bath, the other by means of the cold bath. In the former case, the patient is immersed in water, the temperature of which varies from 90° to 100°, and is reduced gradually while he is in the bath to 65° or 70°; in the latter case he is at once plunged into a bath, the temperature of which from the beginning is made to stand at 65° or 70°. In either case the patient should remain immersed for a time varying between ten minutes and half an hour, or until he feels cold and shivers and his temperature has been reduced by two or three degrees. It is important to recollect that the temperature continues to fall for some little time after removal from the bath. The bathing should be repeated whenever the temperature has again risen, and in many cases needs to be repeated as often as every three hours. The graduated bath is that which alone we have employed at St. Thomas's; but it is much more troublesome of application than the other, and it takes a longer time to reduce the bodily temperature. It is a less severe remedy, however, and may be preferably employed, as Dr. Cayley suggests, for old people and patients who are extremely prostrate and for those who have organic disease of the heart or lungs. The cold bath is preferred, as a general rule, by foreign physicians and by Dr. Cayley. Those who employ the baths habitually commence its use in any case of enteric fever as soon as the temperature in the mouth or rectum has attained an elevation of 102.2°, and then carry on the treatment systematically as long as febrile temperature is maintained.

In conclusion, gentlemen, let me state briefly the treatment to which I should like to be subjected if ever, unfortunately, I should become affected with enteric fever. I should like to be placed in a cool, well-ventilated room, and covered lightly with bed-clothes; to have a skillful and attentive nurse to look after me; to be fed solely with cold milk, unless vomiting should demand the addition to the milk of medicine calculated to allay vomiting. If diarrhea became troublesome, or ever there was much pain or tenderness in the cecal rings and in the bowels, I should like to be treated, not with laxatives, but with opium, given either by the mouth or by the rectum. If constipation were present I should, excepting the first week, like to have enemata only employed for its relief. In the event of intestinal hemorrhage coming on I should like to have ice to suck or ice-cold fluids to drink, cold compresses to the belly, and cold injections into the bowels; and, though I am skeptical as to their efficacy, I should still choose to have astringents, and more especially lead, given to me at short intervals. If perforation should take place let me take large and repeated doses of opium. Stimulants I should prefer to be without early in the disease; later, however, and during convalescence I should like to have them in moderation. As to the

cold baths, I would rather not have them; but I would, nevertheless, leave it to my physician to exercise his discretion in the matter. I would leave it also for him to decide, according to circumstances, whether alcohol should be administered to me in large quantities. I would prefer not to be treated at a temperance hospital.

Note on Vulvar Eructation.—This phenomenon, which consists in a noisy expulsion of gas from the vagina, has been observed by Dr. Löhlein in eight out of seven hundred and fifty gynecological patients (*Lyon Medical*). The conditions for its production are, according to him, the introduction of air into the vagina in consequence of insufficient vulvar occlusion and under the influence of an excess of the atmospheric pressure over the intra-abdominal pressure and the expulsion of this air under the influence of a sudden augmentation of the intra-abdominal pressure. He thinks that we have to deal in these cases with atmospheric air, and not with gas developed in the vagina or coming from the intestines. The conditions that render the vulvar occlusion insufficient are (1) lateral fissures of the posterior part of the vulva when combined with a limited development of the labia minora and majora; (2) an excessive laxity of the vaginal walls, combined with a slight rupture of the perineum. In none of the cases was there a deep rupture of the perineum. The positions of the body most favorable to a production of the phenomenon are those which diminish the intra-abdominal pressure, such as the knee-elbow position, the decubitus upon one side of the belly, the dorsal decubitus with the arms raised above the head, the act of rising suddenly in bed, etc. The phenomenon was always met with during the first week after labor. The treatment consisted in closing the vaginal fissures by sutures and in astringent injections.—*New York Med. Record*.

Bokkenheuser on Salicylic Acid in Acute Articular Rheumatism.—Dr. Bokkenheuser, of Copenhagen (*Nord. Med. Ark.*), concludes, from a careful observation of eighty-one cases of acute articular rheumatism treated with salicylic acid, that by this method the number of acute cardiac affections occurring in the course of the disease may be markedly diminished, and that it is especially useful in preventing an attack of pleurisy. He found also that salicylic acid was very useful in suppressing articular affections due to exacerbations of a chronic articular rheumatism. Upon the contrary, he found the drug of no avail in simple non-rheumatic arthritis, or in attacks affecting a single joint.—*New York Medical Journal*.

Chlorate of Potash.—Dr. H. L. Snow writes, in the *British Med. Journal*: To Dr. Harkin's commendation of this drug, in the *Journal* for October 30th, I should like to add the remark that I have found it act "like a charm" in cases of infantile marasmus. Two or three grains, four times daily, may be given to a child a few weeks old.

Locomotor Ataxia Cured by Nerve-stretching.—Dr. Langenbeck reports a case of tabes dorsalis cured by stretching the two sciatic and crural nerves. The stretching was done at different times, and was performed antiseptically. The ataxic symptoms began to disappear very rapidly.—*New York Med. Record*.

Treatment of Syphilis.—In his lectures on the treatment of syphilis, Martineau does not approve of giving mercury before the secondary symptoms appear, believing that it can have no beneficial effect upon the disease at that period, and, moreover, that by administering it so early the system becomes saturated with it, and is less susceptible to its influence when its effect is most needed. Martineau's plan of treatment is similar to that of Fournier, but differs from the latter in that the use of iodide of potassium is begun earlier, and sulphur waters are added to the course. The following is his scheme: For the first year—three to four months, mercury; three to four months, iodide of potassium; two months, mercury; two months, iodide of potassium. For the second year—one month, mercury; two months, iodide of potassium; two months, no treatment; one month, mercury; three months, iodide of potassium; three months, no treatment. For the third year—one month, mercury; two months, iodide of potassium; three months, no treatment; one month, mercury; two months, iodide of potassium; three months, sulphur waters. It is claimed that by this plan the mercury is never given so continuously as to cause saturation and so lose its effect, and the iodide of potassium during the intervals assists in its elimination. He uses mercury internally in the form of the mercurial ointment made into a pill with soap and powdered liquorice. The sulphur waters he uses both as baths and as a drink. The waters of Luchon, in Haute Garonne, and of Aix, in Savoy, are particularly recommended.—*New York Medical Journal*.

The Poisonous Effects of Acorns.—The Gardener's Chronicle (Eng.) states that the crop of acorns that has been produced this year over a considerable portion of the southern counties has not been approached since 1874, in which year it was not equal to that of the present season. While this heavy yield of acorns is of some use as food for pigs, it is the reverse of an advantage where the trees are numerous in pasture and meadow land, for when they begin to fall cattle soon eat next to nothing else, as may be seen by their being continually under the trees after them. When eaten in such quantities they have a poisonous effect. Six years ago a good many cattle died through eating them, and now the same thing is again happening. The worst consequences arise after high winds, such as occurred the week before last, when the acorns were brought down so as to almost cover the ground. Death is caused by violent inflammation of the small intestines immediately below the third stomach, which when the animals are opened present a mass almost approaching putrefaction. Those that recover after being affected are usually left in a greatly reduced condition, from which they take some time to recover. At first sight it appears strange that deer, which also eat the acorns, and are confined in the same parks with the cattle thus affected, are not injured by them; but no doubt, being less under the influence of domestication, their natural instinct remains stronger.—*British Medical Journal*.

The Treatment of Asthma.—Dr. R. B. Faulkner's plan (New York Medical Record) is to paint a stripe of iodine over the course of the pneumogastric nerves in the neck. He gives three cases of pure spasmodic asthma that were relieved of their attacks by this means, after having resisted every other remedy of which he could think.—*Ibid*.

The Inunction of Castor Oil as a Purgative. Dr. J. W. Oglesby, M. R. C. S., writes to the British Med. Journal: Some time ago I was attending a case in which free purgation was required, but owing to the excessive irritability of the stomach all medicines were at once rejected. It being a well-known fact that the inunction of cod-liver oil is attended with beneficial results in suitable cases, it occurred to me that a similar administration of castor oil might be employed with advantage. One ounce was applied under flannel wrung out of hot water, and in a few hours three copious stools were obtained, with relief to the bad symptoms. Since then I have frequently resorted to the same practice, which has invariably been followed by the desired result.

Frictions with Green Soap in the Treatment of Strumous Enlargement of the Glands in Children.—Kormann writes: It is considered that the glandular enlargements and similar affections to which scrofulous patients are subject are due to lymph congestions in the lymphatic vessels or glands; and that the accumulations of cells so produced manifest a deficient vitality and a marked tendency to undergo caseous degeneration. Later on, these cheesy concretions are apt to suppurate and form sluggish sores. To avoid these sores, the formation of cheesy nodules should be prevented in the first place. Inunctions of *sapo viridis* accomplish this object in a manner which the author does not attempt to explain, but describes as very striking. He asserts that no other treatment will so rapidly and effectively dispel the glandular enlargements of scrofula. It is directed that a teaspoonful be thoroughly rubbed over one cutaneous area in the evening, being washed away in the morning; the next evening another part of the surface may be selected, and so on until the recovery of the skin at the site of the first application permits a return to it. The author has cured four cases of eczema, glandular enlargement, and chronic coryza by this method; the slowest recovery did not require a week.—*New York Medical Journal*.

Belladonna Jujubes.—The influence of belladonna upon the mucous membranes is well known, and hence its value in some forms of irritable bladder, and especially in the "nocturnal incontinence" of children, has long been fully recognized (British Med. Journal). Now children do not like medicine, but they do like sweetmeats. Dr. J. Hickinbotham, Physician to the Birmingham and Midland Hospital for Women, has therefore had made some jujubes of most agreeable flavor, each containing two minims of the pharmacopeial tincture of belladonna. The use of the jujubes will of course not be limited to the cases above described. Dr. Hickinbotham has already found them useful in an obstinate "tickling" cough.

Alcohol and Digestion.—M. Leven (Bost. Jour. of Chem.) claims that seventy-five grams of brandy to two hundred grams of meat completely arrest digestion, while twenty-five grams in the same quantity facilitate digestion. Dr. Rabuteau finds ethylic alcohol far less injurious than amylic.

Mountain fever. Dr. Alfred Wise, Visiting Physician to the Infirmary for Consumption, writes, in the British Medical Journal, is one of the dangers in the "high-altitude treatment" of phthisis now so fashionable.

